



COMPLAINT FORM

Instructions

You can use this form to tell Electric Motor Shop about your dispute and begin the 45-day Formal Complaint Process. Information marked with an asterisk (*) is required.

Mail a copy of this completed form and any supporting documents to:

Electric Motor Shop: Formal Complaint

253 Fulton Street
Fresno, CA 93721

EMS Account Holder's Information (*Required fields)

For privacy reasons, the Electric Motor Shop is only able to communicate with the account holder or a legal representative.

*Account Holder's Name

First Name	M.I.	*Last Name	*Company Name

For security purposes, the Electric Motor Shop can only contact the customer at a phone number or email on file with the account.

***Account Holder's Billing Address (including City, State, and Zip Code)**

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***Phone Number (including Area Code) and Email Address associated with your EMS Account**

Phone Number	Email Address

Account Information

Is this a business or personal account? (Check One)

Business	
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Or

Personal	
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Dispute Details (*Required fields)

***What issue(s) does your dispute involve? Please explain your dispute in detail.**

[illegible]

***If your dispute relates to a specific order placed on the EMS e-commerce site, please provide the order number(s).**

Date Range of issue(s)

From

Month		Day	Year

To

Month		Day	Year

***Are you seeking a credit, refund, or payment? If so, please enter the total amount requested and explain how you calculated the amount.**

\$ _____

***How would you like us to resolve the dispute? Please explain.**

Please list any previous efforts to resolve this dispute, including whether you talked to Customer Support. If you did, can you remember who you talked to? Do you have any reference numbers relating your complaint?

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*Account Holder's Signature (*Required Field)	Date

Please print and mail a completed copy of this form and any supporting documents to Electric Motor Shop at the address on page 1.