



Torres Auto Recovery Customer Complaint Form.

(Please Print Clearly)

Date:

VIN #: _____

Name of Person Initiating Complaint _____

Phone # _____ Email Address _____

Nature of Issue: ☐ Safety Concerns ☐ Bodily Injury Please check all that apply
 ☐ Property Damage ☐ Property Missing
 ☐ Other Please explain below

Give a detailed description of the complaint. Be as specific as possible.

(Printed Name of Person Completing Form)

(Signature)