

APPROVED AUTO REPAIR SERVICE COMPLAINT



First Name

Last Name

Email

Phone Number

AAA Membership Number (16 digits)

Membership Expiration Date

Street Address

Address Line 2

City

State

Zip Code

VEHICLE INFORMATION

Year

Make

Model

REPAIR FACILITY INFORMATION



Name of repair facility

What was the primary concern you described to the service advisor when you dropped off your car?

First time visiting the facility

Yes No

Location of the vehicle now

Is the vehicle drivable?

Yes No

Did AAA recommend this facility

Yes No

Did you have a secondary reason for visiting the facility?

Yes No

Description of the incident

For fastest processing, email the completed application and attach all related receipts, invoices, photos or other documentation to: automotiveservices@aaaoregon.com

or mail to:

AAA Oregon/Idaho
Attn: Automotive Services
600 SW Market St.
Portland, OR 97201