

Arizona Auto Glass Association  
8240 S. Kyrene Rd. Suite 101  
Tempe, Az 85284



**Request for Insurance Inspection complaint form**

**Section A: Information about your shop**

Shop name: \_\_\_\_\_

Today's date: \_\_\_\_\_ Violation date: \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Name First/Last: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

The AAGA will contact you by email.

**Section B: Information about the customer/insured**

Name of Insured \_\_\_\_\_

Insured's street  
address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Section C: Information about the insurance Coverage**

Name of Inspector/Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ DOL \_\_\_\_\_

Inspector's Employer \_\_\_\_\_ Inspection Date \_\_\_\_\_

**Section D: Type of Issue**

Steering \_\_\_\_\_ Delay of inspection \_\_\_\_\_ claim denial \_\_\_\_\_

Disparaging remarks \_\_\_\_\_ Other \_\_\_\_\_ (Please describe)

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**Section E: Statement of Facts**

Complete this section accompanied by copies of any pertinent documents ie: Invoice (do not submit originals of those documents) related to your complaint. Please use the back of this form if needed.

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Explain what the insurance company or Inspection company did or did not do? \_\_\_\_\_

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What would you like the Arizona Auto Glass Association to do to help you? \_\_\_\_\_

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**Section F: Certification**

By my signature, I attest that the information provided on and with this form is accurate to the best of my knowledge and ability, and that I understand that the facts relating to this complaint may/will become a matter of public record pursuant to Arizona law.

Signature: \_\_\_\_\_