Date rec'd.
_____

Automotive Trades Assoc. Manitoba Inc.
Manitoba Motor Dealers Assoc.

Opportunity for Improvement Form

Shop Name: _____ **Date:** _____

Contact Person: _____ **Business Phone #:** _____

Business email address: _____ **Business Fax #:** _____

If applicable - Vehicle (make & model) _____ **Plate#** _____ **Claim #** _____

Liaison issue: policy issue ☐ **procedures clarification** ☐ **personnel issue** ☐ **part/supplier issue** ☐

Other ☐ _____

By submission of this form, the issuer consents to the collection of information for the purpose of reaching a resolution. This consent is deemed sufficient for the purposes of the PIPEDA (Personal Information Protection and Electronic Documents Act)

Please give as much detail as possible, including what a possible solution would be.

_____
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Return form by: Email to ata@mts.net or Fax to (204) 453-5743

Office Use Only

Signature 1. _____ **2.** _____**Was the issue resolved? YES** ___**NO** _____
who was contacted at Shop? _____ **how was it resolved?** _____
_____
_____
_____
_____**Date Resolved**_____