



South Carolina Department of Motor Vehicles

CUSTOMER COMPLAINT FORM

AD-800C
ENGLISH FORM
 Rev. 01/18
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Customers are encouraged to use this form to file complaints with the SCDMV about: discrimination, fraud, misconduct, unlicensed or suspected illegal activity involving a product, service, employee, or company that the SCDMV oversees or regulates such as a licensed dealer or wholesaler, a certified driver training school or third party tester. In response to such complaints, the SCDMV may encourage compliance with state and federal laws, pursue administrative actions, and/or refer the complaints to the appropriate agencies for follow-up or enforcement actions.

The South Carolina Department of Motor Vehicles (SCDMV) is committed to comply with 49 CFR Part 21 and 49 CFR Part 303 and hereby assures that no person shall, on the grounds of race, color, national origin, sex, age, disability, low-income, or Limited English Proficiency (LEP), as provided by Title VI of the Civil Rights Act of 1964, 49 C.F.R. Part 21 (entitled *Nondiscrimination In Federally-Assisted Programs Of The Department Of Transportation—Effectuation Of Title VI Of The Civil Rights Act Of 1964*); and 49 C.F.R. Part 303 (FMCSA's Title VI/Nondiscrimination Regulation), Civil Rights Restoration Act of 1987 (P.L. 100.259), Section 504 of the Rehabilitation Act of 1973, Executive Order 12898 (Environmental Justice), Executive Order 13166 (Limited English Proficiency) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance.

PLEASE PRINT CLEARLY OR TYPE IN BLACK INK

Fax, mail, or email this completed form along with any other documents that may assist us in the investigation to:

Title VI: (803) 896-9688 option 3

Fax Number: (803) 896-8172

SCDMV Office of Inspector General
 PO Box 1498
 Blythewood, SC 29016-0022

A. Person submitting complaint:

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Driver's License State and Number		Phone Number		Alternative Phone Number	
Email Address			Vehicle Description/VIN/License Plate Number		

Please email complaints concerning the below options of Section (B) at fraud@scdmv.net.

B. Nature of Complaint (please check all that apply):

- Undelivered Title
 Odometer Discrepancy
 SCDMV Employee
 Fraud/Misconduct
 Driver Training School
 Dealership/Wholesaler
 Name/Address of Dealership or Training School: _____

Please email complaints concerning the below options of Section (C) at titlevivilrightsunit@scdmv.net.

C. If complaint is concerning Title VI (Discrimination), please indicate the basis of the discrimination (check all that apply):

- Race
 Color
 National origin
 Sex
 Age
 Disability
 Low Income Status
 I speak English less than "very well"

Include a brief summary of your complaint including names of individuals involved, witnesses, dates, and times. Use additional paper if more space is needed. If complaint involves a dealership, please give name and address along with names of point of contact, etc. Attach any supporting documentation you may have concerning this complaint.

