



South Carolina Department of Motor Vehicles

CUSTOMER COMPLAINT FORM

AD-800C
(Rev. 3/15)
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Customers are encouraged to use this form to file a complaint with the South Carolina Department of Motor Vehicles (DMV) about fraud, misconduct, unlicensed or suspected illegal activity involving a product, service, employee, or company that the DMV oversees or regulates such as a licensed dealer or wholesaler, a certified driver training school or third party tester. In response to such complaints, DMV may encourage compliance with state and federal laws, pursue administrative actions, and/or refer the complaint to the appropriate agency for follow-up or enforcement action.

Please print in blue or black ink. **Use additional paper if more space is needed.** Fax, mail or email your complaint along with any other documents that may assist us in the investigation.

Fax Number: (803) 896-8172
Email: Fraud@scdmv.net

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

IMPORTANT NOTICE: *The South Carolina Freedom of Information Act (FOIA) may require the Department of Motor Vehicles (DMV) to release a copy of your complaint as a public record.*

A. Information of individual submitting complaint:

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Date of Birth	Driver's License State and Number	Phone Number		Alternative Phone Number	
Email Address					

B. Nature of Complaint *(check all boxes that apply)*

- Undelivered Title
 Odometer Discrepancy
 Driver Training School
 Third Party Tester
 DMV Employee
 Fraud/Misconduct
 Dealership/Wholesaler
 Other: _____

C. If a business is the subject of your complaint, what is your relationship to the business?

- Customer
 Student
 Employee
 Visitor
 Other: _____

D. Describe in detail the nature of your complaint including names of individuals involved, witnesses, dates, and times. Use additional paper if more space is needed. Please attach any supporting documentation you may have concerning this complaint.

E. Have you sought legal counsel, contacted any other Agency, filed a police report or taken any other actions outside of the DMV concerning this matter? YES NO *(If YES, please explain.)*

F. What actions or changes do you desire the DMV take to resolve your complaint and/or prevent this type of complaint from happening again?

G. Complaint Declaration

I hereby state that the information I have provided herein is true and correct to the best of my knowledge. I submit this complaint as part of my request for the SCDMV Office of Inspector General to conduct an investigation based upon these facts. I understand that I may be called upon to testify in criminal and/or administrative proceedings.

Signature of Individual Submitting Complaint

Today's Date

SCDMV OFFICE USE ONLY

Case # _____

Complaint # _____



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NOTE: If your complaint involves a dealership or wholesaler, please also complete page 2 of this form. Only complete this page if your complaint involves a dealership or wholesaler.

Information of individual submitting complaint (REQUIRED):		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>

H. Nature of Dealer/Wholesaler Complaint (check all boxes that apply)

- Undelivered Title
 Odometer Discrepancy
 Financing Arrangements
 Warranty/Service/Repair
 Other: _____

I. Dealer Information

<i>Dealership/Wholesaler Name</i>		<i>Dealer Number</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Salesperson's Last Name</i>		<i>Salesperson's First Name</i>	
<i>Have you contacted the dealership about this complaint?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>If yes, provide the name of the person that was contacted:</i>			<i>Date Contacted</i>
<i>Result of Contact:</i>			

J. Vehicle Information

<i>Year:</i>	<i>Make:</i>	<i>Model:</i>	<i>Color:</i>
<i>License Plate Number:</i>		<i>Vehicle Identification Number (VIN):</i>	
<i>Vehicle was purchased (check one):</i> <input type="checkbox"/> NEW or <input type="checkbox"/> USED			
<i>Vehicle was purchased AS-IS/NO Warranty:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>Date vehicle was purchased:</i>		<i>Title was delivered:</i> <input type="checkbox"/> YES or <input type="checkbox"/> NO	
<i>Title was delivered within 45 days from purchase date:</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>Name of Lienholder, if applicable:</i>			