



# South Carolina Department of Motor Vehicles Dealer Licensing & Audit Unit Customer Complaint Form

**DE-002C**  
(Est. 1/19)

Complete this form if you have a possible claim of an illegal or fraudulent act committed by a dealership. **Disclaimer:** Please keep in mind that some types of complaints do not fall within our jurisdiction. However, we will make every effort to assist, when possible, to resolve your complaint. **If filing a Title VI complaint, please complete Form AD-800C (or Form AD-800C(s) in Spanish): Customer Complaint Form.**

<b>OFFICE USE ONLY</b>		
Complaint #:	Dealer #:	Dealer Agent Assigned:

<b>COMPLAINING PARTY'S (COMPLAINANT'S) INFORMATION</b>			
Last Name: _____	First: _____	Middle: _____	
Address: _____	City: _____	State: _____	Zip: _____
Business Phone: _____	Cell Phone: _____	Home Phone: _____	
E-mail Address: _____			

<b>PURCHASER'S INFORMATION (if different from above)</b>			
Last Name: _____	First: _____	Middle: _____	
Address: _____	City: _____	State: _____	Zip: _____
Business Phone: _____	Cell Phone: _____	Home Phone: _____	
Email Address: _____			

<b>NATURE OF COMPLAINT (check appropriate field(s))</b>				
<input type="checkbox"/> Undelivered Title	<input type="checkbox"/> Undelivered Tag	<input type="checkbox"/> Odometer	<input type="checkbox"/> Unregistered Vehicle	<input type="checkbox"/> Financing
<input type="checkbox"/> Warranty/Service/Repair	<input type="checkbox"/> Other			
If other, please specify the nature of the complaint: _____				

<b>DEALER'S INFORMATION</b>				
Dealership's Name: _____	Dealer #: _____			
Address: _____	City: _____	State: _____	Zip: _____	
Salesperson (Last): _____	First: _____			

<b>VEHICLE INFORMATION</b>				
Make: _____	Model: _____	Year: _____	Color: _____	
License #: _____	Vehicle Identification Number (VIN): _____			
Date Purchased: ____ / ____ / ____	Lienholder: _____			
Vehicle Purchased: <input type="checkbox"/> New <input type="checkbox"/> Used				
Was vehicle purchased As-Is/No Warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was Title Delivered? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was title delivered within 45 days from purchase date? <input type="checkbox"/> Yes <input type="checkbox"/> No				



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## COMPLAINT DETAILS

Please attach copies of all supporting documents relating to your complaint (i.e. bill of sale, buyer's order, purchase agreement, etc.). Please provide a detailed explanation of your complaint; (attach an additional page if necessary).  
If filing a Title VI complaint, please complete Form AD-800C (or Form AD-800C(s) in Spanish): Customer Complaint Form.

## CORRESPONDENCE WITH DEALER AGENT OR ANOTHER AGENCY

Have you contacted the dealer agent about this complaint?  Yes  No

If yes: Date contacted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Person contacted: \_\_\_\_\_

Status of this contact: \_\_\_\_\_

## AGREEMENT

The South Carolina Freedom of Information Act may require the Department of Motor Vehicles to release a copy of your complaint as a public record.

### 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 Dealer Licensing and Audit Unit to investigate based upon these facts. I understand that I may be called upon to testify in criminal and/or administrative proceedings as a complaining witness.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Please email or fax this complaint form (along with all supporting documents) to:

SCDMV | Dealer Licensing and Audit Unit  
Email: [dealerdocuments@scdmv.net](mailto:dealerdocuments@scdmv.net)  
Fax: (803) 896-8172  
Phone: (803) 896-2611