



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

DE-002C
(Rev. 11/19)

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.**

OFFICE USE ONLY

Complaint #:	Dealer #:	Dealer Agent Assigned:
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COMPLAINING PARTY'S (COMPLAINANT'S) INFORMATION

Last Name: _____ First: _____ Middle: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home/Business: _____ Cell Phone: _____ Driver's License _____
 Email Address: _____
 Relationship (if different from purchaser): _____

PURCHASER'S INFORMATION (if different from above)

Last Name: _____ First: _____ Middle: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Business Phone: _____ Cell Phone: _____ Home Phone: _____
 Email Address: _____

NATURE OF COMPLAINT (check appropriate field(s))

Undelivered Title
 Undelivered Tag
 Odometer
 Unregistered Vehicle
 Financing
 Warranty/Service/Repair
 Other
 If other, please specify the nature of the complaint: _____

DEALER'S INFORMATION

Dealership's Name: _____ Dealer #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Salesperson (Last): _____ First: _____

VEHICLE INFORMATION

Make: _____ M _____ Year: _____ Color: _____
 License #: _____ Vehicle Identification Number (VIN): _____
 Date Purchased: ____ / ____ / ____ Lienholder: _____
 Vehicle Purchased: New Used
 Was vehicle purchased As-Is/No Warranty? Yes No
 Was title Delivered? Yes No
 Was title delivered within 45 days from purchase date? Yes 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 another agency about this complaint? Yes No

If yes: Date contacted: ____ / ____ / ____ Agency contacted: _____

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 License 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 License and Audit Unit
Email: dealerdocuments@scdmv.net
Fax: (803) 896-8172
Phone: (803) 896-2611