



# South Carolina Department of Motor Vehicles Dealer Customer Complaint Form

DE-002C  
(Rev. 01/2024)

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-809E (or Form AD-809S 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 name: \_\_\_\_\_ 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 Name: \_\_\_\_\_ 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: \_\_\_\_\_



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## VEHICLE INFORMATION

Make: \_\_\_\_\_ Model \_\_\_\_\_ 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

## 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.**

Empty box for providing a detailed explanation of the complaint.

## CORRESPONDANCE 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 Business License Unit or Audit Support 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 | Business License Unit or Audit Support Unit

Fax: (803) 896-8172

Phone: (803) 896-2611

Email: [dealercomplaints@scdmv.net](mailto:dealercomplaints@scdmv.net)