



CUSTOMER COMPLAINT FORM

If filing a complaint against a vehicle dealership, please complete Form DE-002C: Dealer Licensing & Audit Unit Customer Complaint Form. Customers are encouraged to use this form (AD-800C) to file complaints with the South Carolina Department of Motor Vehicles (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 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 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:

Form with fields: 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) to fraud@scdmv.net.

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

- SCDMV Employee, Fraud/Misconduct, Driver Training School

Name/Address of Training School: _____

Please email complaints concerning the below options of Section (C) to titlevicivilrightsunit@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”



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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 complete Form DE-002C: Dealer Licensing & Audit Unit Customer Complaint Form. Attach any supporting documentation you may have concerning this complaint.

[Empty box for complaint summary]

D. Have you filed a police report or any legal action in connection with your complaint?

[] YES Please provide the agency name and case number.

Agency: _____ Case #: _____

[] NO

E. 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

Date

SCDMV OFFICE USE ONLY
Case #: _____
Complaint #: _____