South Carolina Department of Motor Vehicles

DEALER COMPLAINT FORM

DLA-5
(Rev. 1/05)

OFFICE USE ONLY

CASE # _____

COMPLAINT # _____

MAIL OR FAX TO:

Dealer Licensing & Audit Unit
P.O. Box 1498
Blythewood, SC 29016-0023
Fax: (803)896-2619

TODAY'S DATE _____

YOUR NAME _____

ADDRESS _____

HOME TELEPHONE # _____ DAYTIME TELEPHONE # _____

DEALERSHIP INVOLVED _____ SALES PERSON _____

ADDRESS _____

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.

**** PLEASE ATTACH A COPY OF THE BILL OF SALE***

PLEASE PROVIDE AN EXPLANATION OF YOUR COMPLAINT: _____

WHAT DO YOU WANT THE DEALER TO DO? _____

IS AN ATTORNEY HANDLING THIS COMPLAINT? _____ NAME _____

HAVE YOU CONSULTED ANY OTHER AGENCY? _____ NAME _____

_____
SIGNATURE OF COMPLAINANT