



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.

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@dmv.sc.gov