



**Mail Completed Form To:**

MS Motor Vehicle Commission  
1755 Lelia Drive  
Suite 200  
Jackson, MS 39216

<b>OFFICE USE ONLY</b>
Date Opened: _____
Assigned to: _____
Date Resolved: _____

---

**COMPLAINT FORM**

---

**INFORMATION FROM PERSON FILING COMPLAINT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone/Cell Phone: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**DEALER INFORMATION:**

Dealership Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Owner/Manager Name: \_\_\_\_\_  
Name or Person with whom you dealt: \_\_\_\_\_  
Date of Last contact with business: \_\_\_\_\_  
With whom did you speak? \_\_\_\_\_  
His/Her Title? \_\_\_\_\_  
What was their response? \_\_\_\_\_  
\_\_\_\_\_

Vehicle Purchased: \_\_\_\_\_ Manufacturer: \_\_\_\_\_  
Model (Year/Type): \_\_\_\_\_ Date of Purchase: \_\_\_\_\_  
VIN Number: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_ Amount Financed: \_\_\_\_\_

**INCLUDE COPIES OF ALL CORRESPONDENCE WITH THIS COMPLAINT FORM**

Have you retained a private attorney regarding this matter? YES\_\_\_\_ or NO\_\_\_\_

What other agencies have you contacted about this complaint?

---

---

Do you know of similar complaints against this company?

Name	Address	Phone

**SUMMARY OF COMPLAINT:** (Briefly describe your complaint. Include specific dates. Attach additional sheets if necessary. Remember, a copy of this complaint may be shown to the dealership.)

---

---

---

---

---

---

---

---

---

---

---

---

**ATTACH COPIES OF ANY RELEVANT DOCUMENTS SUCH AS LETTERS, BILL OF SALE, CONTRACTS, WARRANTIES, ADVERTISEMENTS, WORK ORDERS, ETC.**

**DO NOT SEND ORIGINALS TO OUR OFFICE.**

---

**AFFIDAVIT**

By signing this complaint, I consent for my name to be used by the MS Motor Vehicle Commission's Office in any subsequent legal action that is deemed necessary. I hereby swear or affirm that the above and attached statements are true and correct to the best of my knowledge.

---

**SIGNATURE**

---

**DATE**