



MISSISSIPPI MOTOR VEHICLE COMMISSION

1755 Lelia Drive, Suite 200
Jackson, MS 39216
Phone: 601-987-3995
Fax: 601-987-3997
Email: info@mmvc.ms.gov

FOR OFFICE USE

Date Opened: _____

Assigned to: _____

Date Resolved: _____

COMPLAINT FORM

INFORMATION FROM PERSON FILING COMPLAINT (COMPLAINANT):

Name: _____

Mailing Address: _____

Telephone: _____

E-mail: _____

DEALER INFORMATION:

Dealership Name: _____

Owner/Manager Name: _____

Address: _____

Business Phone: _____

Name and Title of person with whom you dealt: _____

Date of last contact with the business: _____

Do you know any other person with similar complaints against this dealer?

Name: _____

Mailing Address: _____

Phone: _____

Have you retained a private attorney regarding this matter? Circle: YES or NO

VEHICLE PURCHASED:

Model: _____ Make: _____

Year: _____ Type: _____

Circle: NEW or USED

VIN Number: _____ Date of Purchase: _____

Amount Paid: _____ Amount Financed: _____

SUMMARY OF COMPLAINT: (Briefly describe your complaint and include specific dates. Please attach additional page(s) if needed)

PLEASE INCLUDE COPIES OF CORRESPONDENCE WITH THE DEALERSHIP RELATED TO THIS COMPLAINT

Signature: _____

Date: _____