



Mail completed form to:  
Mississippi Motor Vehicle  
Commission  
Investigation Office  
P. O. Box 16873  
Jackson, MS 39236

<b>OFFICE USE ONLY</b> Sent by _____ Assigned to _____ Date Assigned _____ Case # _____ Date Closed _____
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## COMPLAINT FORM

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### INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### DEALER INFORMATION:

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Person with whom you dealt: \_\_\_\_\_

Vehicle Purchased: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model (year/type): \_\_\_\_\_ VIN Number: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Amount Financed: \_\_\_\_\_

Date of your last contact with business: \_\_\_\_\_

With whom did you speak? \_\_\_\_\_ His/Her Title? \_\_\_\_\_

What was the response? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Have you retained a private attorney regarding this matter? Yes \_\_\_\_\_ No \_\_\_\_\_

What other agencies have you contacted about this complaint?

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Do you know of others with similar complaints against this company?

Name

Address

Phone

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**SUMMARY OF COMPLAINT** (Briefly describe your complaint. Include specific dates. Please remember a copy of this form will be given to the Dealership. Attach additional sheets, if necessary.)

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Attach Copies of any relevant documents such as letters, bills of sale, contracts, warranties, advertisements, work orders, bills, etc. **DO NOT SEND ORIGINALS TO THIS OFFICE.**

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**AFFIDAVIT**

By signing this complaint, I consent for my name to be used by the Mississippi Motor Vehicle Commission's Office in any subsequent legal action that is deemed necessary.

I hereby swear or affirm that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Refer to:	Code:	Comments:
	Restitution:	