



LOUISIANA MOTOR VEHICLE COMMISSION
3017 Kingman Street
Metairie, Louisiana 70006
Phone: (504) 838-5207 Fax: (504) 838-5416
www.lmvc.la.gov

CONSUMER COMPLAINT FORM

PLEASE TYPE OR PRINT OR TYPE INFORMATION

Information about person filing complaint:

Your name:

Address:

City, State, Zip Code:

Home Phone #:

Cell Phone #:

Office Phone #:

E-mail address:

Information about the business the complaint is against:

Business Name:

Address:

City, State, Zip Code:

Office Phone #:

Fax #:

Name of Salesperson:

Information about the vehicle purchased:

Year:

Make:

New Used

VIN#:

Mileage at Purchase:

Current Mileage:

License Plate #:

Registered Owner:

Date of Purchase:

Information about company financing vehicle:

Business Name:

Address:

City, State, Zip Code:

Office Phone #:

Fax #:

Questions regarding the transaction:

Have you contacted the business to try to resolve this matter yourself?

If yes, when:

Name of whom you spoke with?

Did you sign a written agreement(s) or contract(s) concerning the purchase of this vehicle or product?

If yes, when?

Did you get a copy of the signed agreement(s) or contract(s)?

If your complaint concerns the advertising of a product or service, indicate when and where the product or service was advertised.

When:

Where:

Attach copy of the ad, if possible.

