



South Carolina Department of Motor Vehicles Dealer Customer Complaint Form

DE-002C
(Rev. 06/2026)

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:

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.

CORRESPONDENCE 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