South Carolina Department of Motor Vehicles

TITLE VI CUSTOMER COMPLAINT FORM

AD-809E
ENGLISH FORM
(Est. 1/2023
Rev. 1/2026)

The purpose of this form is to file a discrimination complaint. If filing a complaint against a vehicle dealership, please complete form DE-002C: Dealer Licensing & Audit Unit Customer Complaint Form. If filing a general complaint, please complete form AD-800E: Customer Complaint Form. Customers are encouraged to use this form (AD-809E) to file complaints with the South Carolina Department of Motor Vehicles (SCDMV) about discrimination. In response to such complaints, the SCDMV will pursue administrative actions and/or refer the complaints to the appropriate agencies for follow-up or enforcement actions, in compliance with state and federal laws.

The SCDMV is committed to complying with 49 CFR Parts 21 and 303 and hereby assures that no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Recipient receives Federal financial assistance from the United States Department of Transportation (DOT), including the Federal Motor Carrier Safety Administration (FMCSA), as provided by Title VI of the Civil Rights Act of 1964, 49 C.F.R. Part 21 (entitled *Nondiscrimination In Federally-Assisted Programs Of The Department Of Transportation— Effectuation Of Title VI Of The Civil Rights Act Of 1964*); and 49 C.F.R. Part 303 (FMCSA's Title VI/Nondiscrimination Regulation), Civil Rights Restoration Act of 1987 (P.L. 100.259), Section 504 of the Rehabilitation Act of 1973.

Please submit this completed form by fax, email, or mail along with any other documents that may assist us in the investigation. ***Please note that if you are unable to submit in writing, you may call (803) 896-9688 and select option 3 from the menu.***

Fax Number: (803) 896-8172 **Email:** Titlevicivilrightsunit@dmv.sc.gov	**SCDMV Office of Inspector General** PO Box 1498 Blythewood, SC 29016-0022

A. Person Submitting the Complaint

Last Name	*First Name*	*Middle Name*	
Address			
City	*State*	*Zip Code*	*Driver's License Number and State*
Phone Number	*Email Address*		

B. Please indicate the basis of the discrimination: (Check all that apply)

☐ Race	☐ Age	☐ Disability	☐ Sex
☐ Color	☐ National Origin		

On the next page, please include a summary of your complaint including names of individuals involved, witnesses, dates, and times. Use additional paper if more space is needed. Attach any supporting documentation you may have concerning this complaint.

C. Have you filed a police report or any legal action in connection with your complaint? (Filing a police report or legal action is not required to file this complaint)

☐ **YES** *Please provide the agency name and case number*

Agency: _____ **Case #: _____**

☐ **NO**

D. 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 Office of Inspector General to conduct an investigation based on these facts. I understand that I may be called upon to testify in administrative proceedings.

_____ _____

Signature of Individual Submitting Complaint Date

SCDMV OFFICE USE ONLY

Case #: _____

Complaint #: _____