South Carolina Department of Motor Vehicles

CUSTOMER COMPLAINT FORM

AD-800E
English Form
(Rev. 11/2026)

If filing a complaint against a vehicle dealership, please complete form DE-002C: Dealer Customer Complaint Form. If you have a Title VI complaint, please use form AD-809E: Title VI Customer Complaint Form or form AD-809S: Title VI Customer Complaint Form (Spanish). Customers are encouraged to use this form (AD-800E) to file complaints with the South Carolina Department of Motor Vehicles (SCDMV) about fraud, misconduct, unlicensed or suspected illegal activity involving a product, service, employee, or company that the SCDMV oversees, or regulates such as a certified driver training school or third-party tester. 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.

PLEASE PRINT CLEARLY OR TYPE IN BLACK INK
Email, **Fax**, or **Mail** this completed form along with any other documents that may assist us in the investigation to:

Fraud Email:

Driver complaints:
DriverFraud@dmv.sc.gov

Vehicle complaints:
VehicleFraud@dmv.sc.gov

Driver Training or Testing Email:

Driver Training School and Third-Party Tester complaints:
DriverTraining-TPTComplaints@dmv.sc.gov

CDL Skills Test Review:
ExaminerTrainingunit@dmv.sc.gov

Fax Number:
(803) 896-8172

Mailing Address:
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 State and Number	*Phone Number*	*Alternative Phone Number*	
Email Address	*Vehicle Description/VIN/License Plate Number*		

B. Nature of Complaint (please check all that apply):

☐ SCDMV Employee ☐ Fraud/Misconduct ☐ Driver Training School

☐ CDL Skills Test Review ☐ Third-Party Tester

Name and Address of the Individual(s) / Entity the Complaint is About:

_____

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 criminal and/or administrative proceedings.

_____ _____

Signature of Individual Submitting Complaint Date

SCDMV OFFICE USE ONLY

Case #: _____

Complaint #: _____