

**LOUISIANA MOTOR VEHICLE COMMISSION**

3017 Kingman Street
Metairie, Louisiana 70006
Phone: (504) 838-5207
Fax: (504) 838-5416

www.lmvc.la.gov
LMVC.consumercomplaint@lmvc.la.gov

CONSUMER COMPLAINT FORM

PLEASE TYPE OR PRINT INFORMATION

Person filing complaint:

Your name:

Address:

City, State, Zip Code:

Home Phone #:

Cell Phone #:

Office Phone #:

E-mail address:

The Business information the complaint is being filed against

Business Name:

Address:

City, State, Zip Code:

Office Phone #:

Fax #:

Name of Salesperson:

Motor vehicle, recreational product, or specialty vehicle description and purchase information:

Year:

Make:

New ☐ Used ☐

VIN#:

Mileage at Purchase:

Current Mileage:

License Plate #:

Registered Owner:

Date of Purchase:

Finance company Information: (if applicable)

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.

Questions regarding this complaint:Have you reported this problem to any other agency or organization? Yes ☐ No ☐ If, yes, when?

Name of agency or organization:

Is there court action pending? Yes ☐ No ☐ Which court?

Describe your complaint in detail. (List the events in the order they occurred. Include specific names, relative information, and your exact problem at present. Attach copies of all documentation which can support your complaint such as: contract, letters, advertisements, repair bills, canceled checks, etc. DO NOT send originals, keep them for your records. ATTACH ADDITIONAL PAGES, IF NECESSARY)

What would satisfy your complaint?

I authorize the Louisiana Motor Vehicle Commission ("LMVC") to send a copy of this complaint, together with supporting documents, to the business against which the complaint is filed and other private or public agencies.

I understand that the LMVC is not my legal representative. I understand that it is recommended that I consult a private attorney and that I may lose my private right to sue about this matter entirely if I wait too long to do so. I understand that any action by the LMVC may not result in a refund or other relief for me personally.

I wish to file this complaint with the LMVC. I understand that the LMVC does not conduct litigation for individuals in matters, which involve purely private controversies or civil type cases. I am, however, filing this complaint to notify the LMVC of the activities of this party and to seek any other assistance the LMVC might be able to render.

The information contained herein is true and correct to the best of my knowledge.

Your signature and the date are required for the Louisiana Motor Vehicle Commission to process your complaint.

Signature: _____ Date: _____

Submit Complaint to:Email: LMVC.consumercomplaint@lmvc.la.gov

Fax: 504-838-5416

Mail: 3017 Kingman Street Metairie, Louisiana 70006