



Motor Carrier Division
555 Wright Way
Carson City, Nevada 89711
(775) 684-4711
www.dmvnv.com

[ ] COMPLAINT

[ ] VOLUNTARY STATEMENT

Case No. \_\_\_\_\_

File Date \_\_\_\_\_

I wish to file a complaint against the business or individual named below. I understand that the Department of Motor Vehicles DOES NOT represent private citizens seeking return of monies or other personal remedies as a result of contractual disputes or civil actions.

Person Filing Complaint:

Name \_\_\_\_\_ Day Time Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business or Individual Complaint Filed Against:

Business License No \_\_\_\_\_ (If applicable)

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representative's Name \_\_\_\_\_

Vehicle Involved: (If applicable)

VIN | | | | | | | | | | | | | | | | | | | | | |

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

[ ] Other complaint not involving a motor vehicle sale or repair.

Explain Complaint: (Please attach copies of any documents you have to support your complaint.)

Multiple horizontal lines for explaining the complaint.

I, \_\_\_\_\_ freely and voluntarily give this affidavit to the State of Nevada, Department of Motor Vehicles. I further certify and affirm that all information is true and correct to the best of my knowledge and that I will testify to these facts if requested to do so in any action brought against the business or individual named above. Signatures must be original. Photocopies are not acceptable.

Signature of Complainant

Date

Signature of Notary or Authorized DMV Representative

Date