



[ ] COMPLAINT

[ ] VOLUNTARY STATEMENT

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 money 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 \_\_\_\_\_ Email Address \_\_\_\_\_

Business or Individual Complaint Filed Against:

Business License No. (If applicable) \_\_\_\_\_
Business/Individual Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
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 writing the explanation of the complaint.

Payments

Did you make payments? [ ] Yes [ ] No If yes, to whom: \_\_\_\_\_

How much did you pay? \_\_\_\_\_ Dates of any payments: \_\_\_\_\_

Method of payment (cash, check, credit, money order, cashier's check): \_\_\_\_\_



Contracts

Did you sign a Contract, Waiver, or Invoice: [ ] Yes [ ] No If yes, date signed \_\_\_\_\_

Identify your attempts to resolve the issue(s) with the company, corporation, or organization:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Other Agencies

Have you contacted another agency for assistance? [ ] Yes [ ] No

If yes, which agency? \_\_\_\_\_ Case/Ref# \_\_\_\_\_

I, \_\_\_\_\_ freely and voluntarily give this affidavit to the State of Nevada, Department of Motor Vehicles. I understand that the Department of Motor Vehicles - Compliance Enforcement Division does NOT investigate complaints against towing, impound services, or insurance disputes, or help to get a refund or cancel a sale. 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

Forward the completed form to your local Compliance Enforcement Division office as listed below.

SOUTHERN NEVADA
Department of Motor Vehicles
Compliance Enforcement Division
8250 West Flamingo Road
Las Vegas, NV 89147

NORTHERN NEVADA
Department of Motor Vehicles
Compliance Enforcement Division
305 Galletti Way
Reno, NV 89512

Table with 2 columns and 4 rows for official use only. Headers: Case Number, Tech ID, Business Name, Notes, File Date, Office, Bus. Lic. Number, Received.