



LOUISIANA USED MOTOR VEHICLE COMMISSION

3132 Valley Creek Drive

Baton Rouge, Louisiana 70808

MAIN# (225) 925-3870 FAX # (225) 925-3869

www.lumvc.louisiana.gov

kimbaron@lumvc.louisiana.gov or tonya@lumvc.louisiana.gov

CONSUMER COMPLAINT FORM

Your Name: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Dealership or Person your complaint is against: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name and title of person with whom you dealt: _____

Please fill in this section completely.

Date of Purchase: _____ VIN # (17 characters): _____

Make of Vehicle: _____ Model: _____ Year: _____

Was this vehicle financed: Yes No If yes, by whom: _____

Type of Warranty: As Is/No Warranty Extended Warranty Other _____

Did you receive a warranty or disclaimer, separate to the purchase agreement? Yes No

Did you receive the title? Yes No If no, state the reason: _____

Did you sign and receive a copy of the Federal Trade Commission Buyer's Guide? Yes No

Did you sign and receive a copy of the Federal Odometer Statement? Yes No

Have you contacted the Owner/Manager about the problem? Yes No

If so, what was the outcome? _____

How do you want this complaint resolved?

Refund Repair Replace/Trade Vehicle Need Title Need License Plate/Registration

Other: _____

On page 2, briefly state the facts of your complaint (if necessary, use additional paper). Include specific names, dates, and other information relative to your complaint.

[Empty rectangular box for document attachments]

Please attach copies of any relevant documents such as letters, bill of sale, contracts, warranties, advertisements, work orders, bills, etc.

THERE IS NO FEE FOR THE ARBITRATION OF COMPLAINTS THROUGH THIS AGENCY. I am filing this complaint to notify your office of the activities of this party or parties and for any other assistance you may be able to render. I swear that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Complainant's Signature

Date

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA USED MOTOR VEHICLE COMMISSION.