



**LOUISIANA USED MOTOR VEHICLE COMMISSION**

3132 Valley Creek Drive

Baton Rouge, Louisiana 70808

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**CONSUMER COMPLAINT FORM**

Your Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
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: \_\_\_\_\_

**Below, briefly state the facts of your complaint (if necessary, use additional paper). Include specific names, dates, and other information relative to your complaint.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lined area for text entry.

**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.**