



**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](http://www.lumvc.louisiana.gov)

[kimbaron@lumvc.louisiana.gov](mailto:kimbaron@lumvc.louisiana.gov) or [tonya@lumvc.louisiana.gov](mailto: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.**