



**LOUISIANA USED MOTOR VEHICLE COMMISSION**

3132 Valley Creek Drive  
Baton Rouge, LA 70808  
1-800-256-2977 or (225) 925-3870  
Fax: (225) 929-7438  
[www.lumvc@la.gov](http://www.lumvc@la.gov)  
Email: [complaints@lumvc.la.gov](mailto:complaints@lumvc.la.gov)

**OFFICE USE ONLY**  
Complaint # \_\_\_\_\_  
Investigator: \_\_\_\_\_  
Date Assigned: \_\_\_/\_\_\_/\_\_\_

**CONSUMER COMPLAINT FORM**

**\*\* PLEASE TYPE OR PRINT CLEARLY AND LEGIBLE IN BLUE OR BLACK INK. INCOMPLETE FORMS WILL NOT BE PROCESSED. \*\***  
Please allow 4-6 weeks after submission for the investigation to be completed.

**SECTION 1 – COMPLAINANT (Person Filing Complaint)**

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

**SECTION 2 – DEALERSHIP INFORMATION**

Dealership or Person your complaint is against: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name and title of person with whom you dealt: \_\_\_\_\_

**SECTION 3 – VEHICLE INFORMATION**

**Please fill in this section completely.**  
Date of Purchase: \_\_\_\_\_ VIN # (17 characters): \_\_\_\_\_  
Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ 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? \_\_\_\_\_

**SECTION 4 – COMPLAINT**

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.**

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**Please attach copies of any relevant documents such as letters, bill of sale, contracts, warranties, work orders, advertisements, bills, etc. Failure to include these documents could delay the review of your complaint.**

**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.

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Complainant's Signature

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Date

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