

RECORD OF COMPLAINT FORM



READ THE ATTACHED BROCHURE *BEFORE* COMPLETING YOUR COMPLAINT. NOT ALL COMPLAINTS ARE INVESTIGATED

Instructions: Type or print the following information for the person filing the complaint and the Business/Seller the complaint is against.

- Name — First name, middle initial(s) and last name
- Address — Street, town/city and zip code
- Telephone numbers — Area code and number(s) where you can be called during the day and evening

I. COMPLAINANT (Person Filing Complaint)

NAME (FIRST, MIDDLE INITIAL(S), LAST) _____

STREET OR P. O. BOX _____	APT. NUMBER _____	DRIVER LICENSE OR IDENTIFICATION NUMBER _____
CITY _____	STATE _____	ZIP CODE _____
DAY TELEPHONE NUMBER _____	EVENING TELEPHONE NUMBER _____	
SIGNATURE _____	DATE _____	

II. BUSINESS/SELLER COMPLAINT IS AGAINST

NAME (FIRST, MIDDLE INITIAL(S), LAST) _____

STREET OR P. O. BOX _____	TELEPHONE NUMBER _____
CITY _____	STATE _____ ZIP CODE _____
DID YOU SEND A PREVIOUS COMPLAINT TO DMV AGAINST THIS BUSINESS/SELLER? _____	IF YES, WHEN? _____

May we show a copy of your complaint to the business/seller? Yes No

If the transaction occurred at a location different than the business address above, please list it here.

Address: _____

III. VEHICLE INFORMATION Write the license plate number and vehicle identification number as they are shown on the contract between the buyer and seller.
 Enter the purchase date (same as when the contract was signed).

YEAR _____	MAKE _____	MODEL _____	LICENSE PLATE NUMBER _____	STATE _____
VEHICLE IDENTIFICATION NUMBER (VIN) _____			PURCHASE DATE _____	

IV. COMPLAINT Explain the details of this complaint.

IV. COMPLAINT (continued)

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS OF PAPER

V. MAILING DIRECTIONS

To help explain the details of your complaint, **YOU MUST SUPPLY PHOTOCOPIES OF THOSE DOCUMENTS RELATED TO YOUR COMPLAINT.** (Include: contracts, warranties, receipts, cancelled checks, repair orders, photographs, letters)

—DO NOT SEND ORIGINAL DOCUMENTS—

PHOTOCOPY THE COMPLETED COMPLAINT. KEEP A COPY FOR YOUR RECORDS.

- **Mail the complaint and copies of supporting documents to the Investigations Office closest to where the incident took place (see list below).**

**FAILURE TO SEND SUPPORTING DOCUMENTS
MAY DELAY REPOSE TO YOUR COMPLAINT**

VI. DEPARTMENT OF MOTOR VEHICLES INVESTIGATIONS DISTRICT OFFICES

CITY	STREET ADDRESS	ZIP CODE
Anaheim	2450 East Lincoln Avenue, #120	92806-4990
Artesia	17100 South Pioneer Boulevard, #320	90701-2700
Bakersfield	7000 Schirra Court	93313-2117
Campbell	440 Darryl Drive	95008-0939
Canoga Park	6800 Owensmouth Avenue, #365	91303-2090
Chula Vista	30 North Glover Avenue	91910-1040
Los Angeles (Culver City)	11400 West Washington	90066-6089
El Monte	3204 Rosemead Boulevard, #202	91731-2912
Fresno	2510 S. East Avenue, #100B	93706-8007
Hayward	1314 West Winton Avenue	94545-1408
Inglewood	621 North La Brea Avenue	90302-3099
Irvine	18231 McDermott West, #100	92614-6720
La Mesa	7777 Alvarado Road #616	91941-2953
Los Angeles (Lincoln Park)	3529 North Mission Road	90031-3120
Los Angeles	3615 South Hope Street	90007-4370
Rancho Cucamonga	8632 Archibald Avenue, #108	91730-4455
Riverside	6296 Rivercrest Drive, #A	92507-0738
Roseville	151 North Sunrise Avenue, #1006	95661-2930
Sacramento	8259 Demetre Avenue, MS/L219	95828-0932
San Diego	4375 Derrick Drive	92117-4990
San Francisco	5 Thomas Mellon Circle, #168	94134-2594
San Bernardino	1845 Business Center Drive, #210	92408-3447
Santa Rosa	2570 Corby Avenue	95407-6005
Stockton	510 East Magnolia	95202-2314
Vallejo	200 Couch Street	94590-2904
Ventura	1732 Palma Drive, #202	93003-5717
West Covina	800 South Glendora Avenue, Rm-100	91790-4201