

# MOTOR VEHICLE COMPLAINT FORM

MV-097  
Revised 07/06

South Dakota Department of Revenue

Division of Motor Vehicles

445 E. Capitol Avenue | Pierre, SD 57501-3185 | 605-773-3541

Please complete the following information and return to the address indicated above.

Your Last Name

Your First Name

Mailing Address (Street or PO Box)

City, State, Zip Code

Phone Number

Work Number

Cell Number

Fax Number

Driver's License #

Email

Complaint is filed against:  Dealer  Business  Individual

Dealer, Business, or Individual Name

Phone

Address

## VEHICLE INFORMATION

Year

Make

Model

VIN

Title Number

Date of Sale

Where transaction took place

Business

Internet

Other

## SELECT THE APPROPRIATE COMPLAINT TYPE(S)

Damage to Vehicle

Odometer Reading

Finance/Breach of Contract

Advertising

Vehicle Title

Warranty/Repair

Other \_\_\_\_\_

Lemon Law

These will be handled by Motor Vehicles

These will be handled by Attorney General

Please provide a detailed description of what transpired by date.

---

---

---

---

---

---

---

---

---

---

(If more space is required, use back of form.)

After your complaint has been submitted it will be reviewed by personnel from the appropriate state agency and, where warranted, a thorough investigation will be conducted to determine any wrong-doing or possible solutions. In order to help in the investigation we ask that you accurately enter as much of the requested information as possible. If additional documentation is needed, a representative will contact you. Any information submitted will be kept strictly confidential and only used for purposes related to this complaint.

Signature

Date