



# DIVISION OF MOTOR VEHICLES COMPLAINT AFFIDAVIT

**FOR OFFICIAL USE ONLY**

<p style="text-align: center;"><b>TYPE OF COMPLAINT</b></p> <p><input type="checkbox"/> Motor Vehicle Dealer</p> <p><input type="checkbox"/> Mobile Home Dealer</p> <p><input type="checkbox"/> Mobile Home Manufacturer</p> <p><input type="checkbox"/> RV Dealer/Manufacturer</p> <p><input type="checkbox"/> Odometer Fraud</p> <p><input type="checkbox"/> Other</p>	<p>Date Opened: _____ Date Closed: _____</p> <p>Closing Code: _____</p> <p>Complaint #: _____</p> <p>Investigator: _____</p>
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<b>COMPLAINANT INFORMATION</b>
<p>Name: _____ Date of Birth: _____ E-mail Address: _____</p> <p>Address: _____</p> <p>City/County/State/Zip Code: _____</p> <p>Home Telephone Number: _____ Work Telephone Number: _____ FAX Number: _____</p> <p>Driver License/ID Number (In lieu of FL DL/ID, an Out of State/U.S. Territory DL can be used): _____</p> <p>In lieu of DL or ID, a U.S. or Out of Country Passport can be used : _____</p>

<b>DEALERSHIP INFORMATION</b>
<p>Dealership Name: _____</p> <p>Address: _____</p> <p>City/County/State/Zip Code: _____</p> <p>E-mail Address: _____ FAX Number: _____</p> <p>Dealer License Number (if known): _____</p>

<p>Salesperson's Name (if known): _____</p>
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<b>VEHICLE/MOBILE HOME/INSPECTION INFORMATION</b>
<p>Make/Model/Year: _____ Date Purchased: _____ Date Delivered: _____</p> <p>Vehicle Identification Number: _____ Tag Number: _____</p>

<b>MOBILE HOME, RECREATIONAL VEHICLE, OR PARK TRAILER INFORMATION</b> (Complete this section only if a mobile home, recreational vehicle or park trailer is involved in your complaint.)
<p>Name of Manufacturer: _____</p> <p>Manufacturer's Address: _____</p> <p>City/County/State/Zip Code: _____</p> <p>HUD Label (red/silver metal tag on rear of unit): _____</p> <p>Florida Seal Number if unit is a recreational vehicle or park trailer (by HUD Label or front): _____</p>

DESCRIBE THE NATURE OF YOUR COMPLAINT: Please explain your complaint, listing events in the order in which they occurred. It is important to verify that dates listed are accurate. Enclose copies of any documentation you have related to your complaint.


WHAT ACTIONS DO YOU FEEL WILL SATISFY YOUR COMPLAINT?


Note: Please attach additional pages if necessary. Also, please attach copies of ALL supporting documents, including purchase agreement, contracts receipts, cancelled checks, proof of vehicle insurance, registration, inspection reports, warranty documents, repair invoices or any other documents relating to your complaint.

Please view the list of [Motor Vehicle Regional Offices](#) online and mail or fax the complaint to your local regional office.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_