



# MVD DEALER LICENSING BUREAU COMPLAINT FORM



## Explanation and Instructions

The Dealer Licensing Bureau (DLB) of the New Mexico Motor Vehicle Division (MVD) investigates and seeks appropriate resolution of complaints regarding the operations of automobile dealerships, auto recyclers and title service companies (TSCs). This form is provided for use by consumers to register complaints regarding dealerships, auto recyclers and TSCs and to request that those complaints be investigated and resolved by the DLB.

Please submit a copy of any and all documentation (i.e. invoice, odometer statements, titles, cancelled checks, photos, etc.) to support your complaint. Each complaint will be investigated and reviewed by the DLB. In accordance with privacy laws, there may be instances when the DLB will not be able to share all the details of the investigation or any subsequent administrative action. You may file your complaint anonymously. However, if we do not have enough information to investigate and cannot reach you for additional information, we may have to close the investigation for lack of evidence.

Send this completed form and any attachments to:

Motor Vehicle Division  
Dealer Licensing Bureau  
505 Marquette NW , Suite 1501  
Albuquerque, NM 87102

Phone (505) 383-2316 ■ Fax (505) 383-2372

## Type of Complaint

- |                                                                     |                                                 |                                                    |
|---------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Failure to deliver title/registration (01) | <input type="checkbox"/> Fraud/forgery (02)     | <input type="checkbox"/> Odometer Discrepancy (03) |
| <input type="checkbox"/> Salvage violation (04)                     | <input type="checkbox"/> Unlicensed dealer (05) | <input type="checkbox"/> Curbing/Zoning (06)       |
| <input type="checkbox"/> Other:                                     |                                                 |                                                    |

## Complainant Name and Information

|                          |       |               |                      |
|--------------------------|-------|---------------|----------------------|
| Name (Last, First, M.I.) |       |               | Home Phone<br>(    ) |
| Mailing Address          |       |               | Work Phone<br>(    ) |
| City                     | State | Zip Code      | Cell Phone<br>(    ) |
| Driver's License Number  |       | Email Address |                      |

## Automobile Dealership, Auto Recycler or Title Service Company Information

|                  |       |                                       |                          |
|------------------|-------|---------------------------------------|--------------------------|
| Business Name    |       | Name and Title/Position of Individual |                          |
| Business Address |       |                                       | Business License Number  |
| City             | State | Zip Code                              | Business Phone<br>(    ) |

**Complete this Section if Complaint Concerns a Vehicle Purchase**

|                                                                                                 |      |                                                                                                                               |                                               |
|-------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Year                                                                                            | Make | Model                                                                                                                         | Color                                         |
| Vehicle Identification Number (VIN)                                                             |      |                                                                                                                               | Purchase Date                                 |
| Total Purchase Price                                                                            |      |                                                                                                                               | Amount Paid                                   |
| Unpaid Balance                                                                                  |      | Payment by cash, check or both?<br><input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> both |                                               |
| Was vehicle financed?<br><input type="checkbox"/> yes <input type="checkbox"/> no               |      | If Yes, Name of Lender                                                                                                        |                                               |
| Did you pay tax, title and license?<br><input type="checkbox"/> yes <input type="checkbox"/> no |      | Temporary Permit Issued?<br><input type="checkbox"/> yes <input type="checkbox"/> no                                          | How many temporary permits have you received? |

**Complainant's Statement of Facts**

The following is a brief detailed statement of facts concerning this case. This information is true and correct to the best of my knowledge. I hereby request that the Motor Vehicle Division investigate this complaint.

Signature of Complainant

Date

**For Dealer Licensing Bureau Use Only**