



Kentucky Motor Vehicle Commission  
**VEHICLE PURCHASE COMPLAINT**

TC 98-5  
03/2019

200 Mero Street, 3<sup>rd</sup> Floor West  
Frankfort, KY 40622  
Phone: (502) 573-1000

**Type or print neatly and submit to the Motor Vehicle Commission at the above address.**

Today's Date: \_\_\_\_\_

Purchaser's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number Where You Can Be Reached: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of Dealership: \_\_\_\_\_

Dealership Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dealership Phone Number: \_\_\_\_\_

Name and Title of Person with Whom You Dealt: \_\_\_\_\_

Date of Your Last Contact with the Dealership and with Whom You Spoke:

What was the Dealership Response? \_\_\_\_\_

Make and Model of Vehicle: \_\_\_\_\_

Vehicle Identification Number (17 Characters): \_\_\_\_\_

Was Vehicle Obtained as: \_\_\_\_\_ New \_\_\_\_\_ Used \_\_\_\_\_ Lease

**SUMMARY OF COMPLAINT: (Briefly describe your complaint, including specific dates)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*(Attach additional sheet if necessary)

Please include with this complaint copies of all documents, purchase contract, and retail installment contract that you received from the dealership. Submit information to the address at the top of this complaint form. Thank you.