



Mail Drop 514M
 Dealer Investigations Unit
 PO Box 2100
 Phoenix AZ 85001-1200

TITLE COMPLAINT REPORT

46-0403 R02/15 azdot.gov

Please type or print. Must be completed in full. Signature must be witnessed by an ADOT agent or notarized.

| | | | | | | |
|--|--|-------------------|------|-------------------|-----------------------|----------------|
| Complainant Name (first, middle, last, suffix) | | | | | Driver License Number | |
| Street Address | | | City | | State | Zip |
| Mailing Address | | | City | | State | Zip |
| Home Phone () | | Cell Phone () | | Work Phone () | | |
| Complaint Against (dealership name) | | | | | | |
| Business Mailing Address (dealership address) | | | City | | State | Zip |
| Vehicle Identification Number | | Year | Make | Plate Number | Purchase Date | Purchase Price |
| Current Lienholder Name | | | | | | |
| Mailing Address | | | City | | State | Zip |
| Complaint Details | | | | | | |

The following documentation must be attached to this report:

1. **Proof of Purchase**, for example:

- Contract
- Financial Agreement
- Buyers Order
- Bill of Sale

2. **Vehicle Inspection** (Level 1) from any MVD or authorized Third Party office

Yes No Will you testify under oath on this matter if necessary?

| |
|-----------------------|
| Complainant Signature |
|-----------------------|

| | | | | |
|-----------------------------------|--------|-------|--------------------------------|--|
| Acknowledged before me this date. | | | Notary or ADOT Agent Signature | |
| Date | County | State | Commission Expires | |

ADOT Use

| | | | | |
|-----------------|--------|--------|--------------|-----------|
| ADOT Agent Name | Userid | Office | Phone () | DR Number |
|-----------------|--------|--------|--------------|-----------|