



MISSOURI DEPARTMENT OF
REVENUE
Complaint

Information on Complainant	Name		Email Address	
	Address		City	State Zip Code
	Home Phone (____) _____ - _____	Fax (____) _____ - _____	Work Phone (____) _____ - _____	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Information	Year	Make	Model	Date of Purchase (MM/DD/YYYY) ____/____/____	
	Vehicle Identification Number			Mileage	Amount

Complaint Against	Name of Person or Business			
	Address		City	State Zip Code
	Have you contacted the owner or agent about the problem? If so, what was the outcome?			
	Nature of complaint (Describe in detail. Use reverse side if necessary).			
	What form of relief are you seeking?			
Any other agencies contacted:				

Signature	Have you contacted an attorney or filed a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Important: Enclose copies of all documents relevant to your complaint including but not limited to advertising material, titles, contracts, warranties, receipts, cancelled checks, etc.	
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Signature	Title
Printed Name		Date (MM/DD/YYYY) ____/____/____

Form 4683 (Revised 12-2023)

Mail to: Motor Vehicle Bureau
P.O. Box 43
Jefferson City, MO 65105-0043

Phone: (573) 526-3669
E-mail: DOR.MVBComplaint@dor.mo.gov
Visit: dor.mo.gov/motorv/ for additional information.



A large rectangular area containing 25 horizontal lines, intended for writing or drawing.