



STATE OF MAINE
BUREAU OF MOTOR VEHICLES
Division of Enforcement, Anti-Theft and Regulations

To: Complainant

From: Division of Enforcement, Anti-Theft and Regulations

Our office is dedicated to assisting each of our customers in a professional manner.

Attached is a complaint petition that we ask you to fill out in its entirety. The information that you provide is the foundation of our investigation. Please include all the details relative to your complaint, statements made and witnesses to those statements, any correspondence or certified return receipts you have, etc. You cannot put “too much” information onto this complaint document.

You must provide the following materials prior to the investigation of your complaint:

- Prior title (if available);
- Copy of the bill of sale;
- Completed title application (MVT-2);
- \$33 title fee;
- Completed affidavit of ownership (MVT-55);
- Vehicle Identification Number Inspection Form (MVT-10); and
- Proof of contact attempts with the prior owner.

The detective assigned to your case may request additional documentation.

Documents should be submitted to the Bureau of Motor Vehicle Division of Enforcement, Anti-theft and Regulations located at **101 Hospital Street, #29 State House Station, Augusta, ME 04333-0029.**

Your complaint is very important to us and will be acted upon as soon as possible. The detective assigned to your complaint will contact you at the appropriate time to discuss your complaint.

Should you have any questions, please do not hesitate to contact us.



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PRIVATE SALE COMPLAINT PETITION

THE PERSON COMPLAINING IS:

Your Name _____ Date of Birth _____
 Street Address _____ Mailing Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____ Ext. _____ Cell Phone _____
 Email Address _____ Today's Date _____

THE COMPLAINT IS AGAINST:

Company / Person _____
 Street Address _____ Mailing Address _____
 City _____ State _____ Zip Code _____
 Business Phone _____ Person(s) Dealt With _____

VEHICLE INFORMATION:

Year _____ Make _____ Model _____ Color _____ Title Application CTA# _____
 Identification # _____ Current Mileage _____
 Date of Purchase _____ Mileage at Time of Purchase _____ Cost _____
 Paid by: Cash Check Loan Other _____
 Where did you first view the vehicle? _____

Have you complained to the individual you purchased the vehicle from? Yes No

How did you contact them? In person by mail by phone by email

***Proof of contact attempts must be provided (e.g. copies of letters, emails, or screen shots).**

Have you hired a lawyer? Yes No Have you brought suit? Yes No

The Following Items Must Be Attached To Process Your Complaint

Prior Title (If available) Copy of Bill of Sale Title Application (MVT-2) Title Fee (\$33)
 Notarized Affidavit of Ownership (MVT-55) Vehicle Identification Number Inspection Form (MVT-10)
 Proof of Contact Attempts with Prior Owner of The Vehicle

101 Hospital Street, #29 State House Station, Augusta, Me 04333-0029 Tel. (207) 624-9000 Ext. 52144 Fax: (207) 624-9258 TTY Users call Maine relay 711

Please provide a detailed description of your complaint. To the best of your ability include names, dates, addresses, and any other information that will assist with the investigation of your complaint. Once the required documentation is received, you will be contacted by a detective from this agency to discuss your complaint.

YOUR COMPLAINT IS:

Please use additional paper if more space is needed.

I make this complaint in all honesty and agree to cooperate with all phases of this investigation, including court testimony, if requested.

Signature _____ Date _____

Make sure copies of all support documents are enclosed

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