



Investigative Division Complaint Report

Type of complaint: Unlicensed Sales Dealer Complaint Foreign Registration General Complaint

Person Making Complaint

Your Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Business): _____ Other (cell): _____

Signed: _____

I certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information, and belief.

Subject of Complaint

Subject's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Placard # _____

Vehicles Involved: Year _____ Make _____ Color _____ Tag # _____

Year _____ Make _____ Model _____ Color _____ Tag # _____

Place of Employment for Subject (if known): _____

Time of day/night when subject is mostly at home or work (if know): _____

Additional Comments: _____

Additional Information On Complaint

Use Back Of Form

MVA USE ONLY

Complaint received by: Agent/Employee: _____

Complaint Forwarded To: _____ Date Forwarded: _____

Action Taken (Remarks, Forwarded to, Conclusion Reached, Etc):

Signature: _____ Title: _____ Date: _____

