



THIRD PARTY DRIVER LICENSE TRAINING PROVIDER COMPLAINT

THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED TO THE DEPARTMENT TO BE PROCESSED. FAILURE TO SUPPLY COMPLETE AND ACCURATE INFORMATION MAY RESULT IN DELAYED PROCESSING OF YOUR COMPLAINT.

Complainant (first, middle, last, suffix)					
Mailing Address			City		State
					Zip
Telephone Number		Cell Number/Alternate Phone Number		Email Address	
Authorized Third Party Name					
Incident Date	Incident Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Incident Location		
Date Reported	Time Reported				
Person(s) Involved In Incident (first, middle last suffix)					
Witness(s)		Home Address		Phone Number	
Witness(s)		Home Address		Phone Number	
Provide a brief summary of what has occurred, information source and list supporting documents (include separate attachments to email).					
Are you willing to appear at hearing if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No					