



Motor Vehicle Division  
 PO Box 2100  
 Phoenix AZ 85001-2100

**Motor Vehicle Division**

96-0195 R04/14 azdot.gov

## THIRD PARTY STATEMENT OF COMPLAINT

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

Please be aware that if you submit a complaint anonymously the Department will not be able to share any information pertaining to the complaint with anyone, including complainant.

Complainant (first, middle, last, suffix)		Telephone Number	E-mail Address	
Mailing Address		City	State	Zip
Authorized Third Party Name				
Incident Date	Incident Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Incident Location		
Person(s) Involved In Incident (first, middle last suffix)			Witness(s)	
Incident Summary (as reported)				
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any documents or other evidence of the complaint? Are they attached?				
<b>Are you willing to appear at hearing if necessary</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Print name (First, MI, Last)				
Signature				Date

### MVD Use Only

Program Assigned To		Severity Level <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Severe	
<b>Application Processing</b> <input type="checkbox"/> Title and Registration <input type="checkbox"/> Driver License <input type="checkbox"/> TransPort System (permits) <input type="checkbox"/> Other (specify):	<b>Vehicle Inspection</b> <input type="checkbox"/> Level I only <input type="checkbox"/> Level I plus Abandoned Vehicles	<b>Driver License Training</b> <input type="checkbox"/> Operator (Class D/G) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Special Performance Evaluation	<b>Driver License Examination</b> <input type="checkbox"/> Motorcycle <input type="checkbox"/> Operator (Class D/G) <b>Commercial Driver License Examination</b> <input type="checkbox"/> Truck <input type="checkbox"/> Coach-Transit Bus <input type="checkbox"/> School Bus
Comments/Action/Resolution:			
Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No   (if no, explain)			
Date Replied:	Provider Authorization No.	Certification No. (if applicable)	
ADOT Agent Name	User ID:	Agent Signature:	Supervisor Signature: