



DRIVING SCHOOL AND TRAFFIC VIOLATOR SCHOOL COMPLAINT

**PLEASE READ THE ATTACHED BROCHURE BEFORE
COMPLETING YOUR COMPLAINT**

This form is to be used for complaints against Driving Schools or Traffic Violator Schools only. If you have a complaint against another type of Occupational Licensee please refer to the pamphlet "Problems With A Vehicle Purchase . . . Can DMV Help Me?". All complaints against other licensees are filed with the Division of Audits and Investigations.

INSTRUCTIONS: Type or print in blue or black ink the following information.

A. COMPLAINANT: (Person filing complaint)

NAME (FIRST, MIDDLE, LAST)

STREET OR P. O. BOX

CITY STATE ZIP CODE

DAY TELEPHONE NUMBER

()

EVENING TELEPHONE NUMBER

()

B. DRIVING SCHOOL OR TRAFFIC VIOLATOR SCHOOL COMPLAINT IS AGAINST:

NAME OF SCHOOL

ADDRESS

TELEPHONE NUMBER

()

CITY STATE ZIP CODE

C. CLASSROOM LOCATION:

ADDRESS

CITY

May we show a copy of your complaint to the business? Yes No

D. DETAILS OF COMPLAINT:

D. DETAILS OF COMPLAINT, CONTINUED:

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE

X

DATE

If more space is needed, attach an additional sheet of paper.

E. MAILING DIRECTIONS:

If you are submitting any documents with your complaint, please send photocopies (e.g., cancelled checks, certificates, receipts, letters).

DO NOT SEND ORIGINAL DOCUMENTS

PHOTOCOPY THE COMPLETED COMPLAINT AND KEEP FOR YOUR RECORDS

Mail the complaint and copies of any supporting documents to:

Department of Motor Vehicles
Occupational Licensing Section
Driving School and TVS Complaint Unit
P. O. Box 932342, MS L224
Sacramento, CA 94232-3420

THANK YOU FOR ASSISTING US IN OUR EFFORT TO RESOLVE YOUR COMPLAINT.
