

**INVESTIGATIONS DIVISION
 OFFICE OF INTERNAL AFFAIRS
 FRAUD COMPLAINT FORM**



The Office of Internal Affairs (OIA) conducts investigations related to DMV employee misconduct. These cases include, but are not limited to fraudulent and/or criminal employee activity regarding the issuance of DL/ID cards, vehicle registration, embezzlement of State funds, unauthorized record access/alteration, and/or other types of criminal activity.

REPORTING PARTY	YOUR NAME		DRIVER LICENSE/ID
	RESIDENCE ADDRESS	APT. NUMBER	TELEPHONE/CELLULAR PHONE NUMBER ()
	CITY	STATE ZIP CODE	EMAIL ADDRESS
COMPLAINT AGAINST	EMPLOYEE'S NAME OR DESCRIPTION		TELEPHONE/CELLULAR PHONE NUMBER ()
	OFFICE OR LOCATION		
	DATE(S) OF EVENT(S)		
OTHER PARTIES INVOLVED² (If applicable)	NAME OR DESCRIPTION		DRIVER LICENSE/ID
	RESIDENCE ADDRESS	APT. NUMBER	TELEPHONE/CELLULAR PHONE NUMBER ()
	CITY	STATE ZIP CODE	EMAIL ADDRESS
ALLEGATION(S) INVOLVED	<input type="checkbox"/> Unlawful Computer Access <input type="checkbox"/> Vehicle Registration (VR) Related <input type="checkbox"/> Driver License (DL) Related <input type="checkbox"/> Cashiering (cash, checks, etc.) <input type="checkbox"/> Other _____		

EXPLANATION OF COMPLAINT: Describe what happened. Include the driver license(s) and/or vehicle license number(s) involved and any potential witnesses. Be as specific as possible. Include how you became aware of this incident. Please attach relevant copies of documents such as VR/DL documents, copies of receipts, video, etc. **DO NOT SEND ORIGINAL DOCUMENTS.** Additional space available on the next page.

DATE AND TIME OF ACTIVITY: Date _____ Time _____

ALL COMPLAINTS WILL BE REVIEWED. HOWEVER, NOT ALL COMPLAINTS ARE INVESTIGATED.

SIGNATURE OF COMPLAINANT X	DATE
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EXPLANATION OF COMPLAINT *(continued. If more space is needed, attach additional sheets of paper.)*

**FAILURE TO PROVIDE SPECIFIC INFORMATION OR SUPPORTING DOCUMENTS
MAY DELAY THE RESPONSE TO YOUR COMPLAINT****CONTACT INFORMATION:**

Special Operations Command (SOC) consists of the Offices of Internal Affairs (OIA) located in Sacramento, West Covina, and Riverside. The following geographical areas are a guideline where you may call for general questions and/or submit your complaint form.

- OIA Sacramento – Activity occurring north of Bakersfield to the California/Oregon Border.
- OIA West Covina – Los Angeles County north to Bakersfield.
- OIA Riverside – South of Los Angeles County to the U.S. Border.

You may also email the complaint form to:
Reportfraud@dmv.ca.gov

OFFICE NAME	ADDRESS	CITY	ZIP CODE	OFFICE PHONE	FAX
OIA Sacramento	2730 Broadway, M/S T197	Sacramento	95818	(916) 657-7742	(916) 657-8443
OIA West Covina	800 S. Glendora Ave. Rm 100	West Covina	91790	(626) 851-0173	(626) 851-0763
OIA Riverside	6425 Sycamore Canyon Blvd.	Riverside	92507	(951) 653-5357	(951) 656-8119
SOC Headquarters	2120 Broadway M/S N215	Sacramento	95818	(916) 657-7094	(916) 657-8350

INV USE ONLY

DATE RECEIVED	OIA CASE NUMBER	DATE ENTERED INTO AIMS
RECEIVED BY	PRD CASE NUMBER	
MEDIA INVOLVEMENT	DATE	OUTLET