NEW YORK STATE | **Department of Motor Vehicles**

Before you file a complaint, try to resolve the problem with the company or school.

The Bus Driver Unit does not handle the following types of complaints:

- Employee or employer disputes
- Discrimination claims
- Matters that are or were litigated or arbitrated

- Issues that dispute the validity of a state or federal law
- Complaints against a current or former co-worker
- Complaints against a 19-A driver file record review

INSTRUCTIONS: To file a complaint against an Article 19-A Motor Carrier or Certified Examiner, follow the steps below:

- Complete Sections 1, 2 and 3.
- When you complete Section 3, make sure you provide specific details about the problem.
- If you have documents to support your complaint, attach the documents to this form.
- Make sure you sign and date page 2 of this form.

NOTE: Anonymous complaints are allowed but contact information is preferred in case additional information is required to assist in our investigation.

Send your completed form and documentation to the Bus Driver Unit. Use one of the following options:

Mail it: New York State Department of Motor Vehicles
Bus Driver Unit
6 Empire State Plaza, Room 331
Albany, NY 12228

Fax it: (518) 474-0593

E-mail it: busdriverunit@dmv.ny.gov

This form is available on the DMV web site at https://dmv.ny.gov/motor-carriers/information-and-forms-article-19

SECTION 1 (Answer each question)

1. Is this complaint about an Article 19-A Motor Carrier, Certified Examiner, or both (*check one*)

☐ **MOTOR CARRIER** ☐ **CERTIFIED EXAMINER** ☐ **BOTH**

2. If a hearing is held to resolve this complaint, will you attend the hearing and testify?.................... ☐ YES ☐ NO

3. Do you need to remain anonymous for any investigation of the motor carrier or certified examiner referred to in this complaint?... ☐ YES ☐ NO

NOTE: Anonymity is provided at the investigation stage. Anonymity is <u>not</u> guaranteed if a hearing results from the investigation, or the DMV responds to a Freedom of Information (FOIL) request.

SECTION 2 - INFORMATION ABOUT THE PERSON WHO FILES THIS COMPLAINT (*required field)

Last Name*

First Name*

Address

City

State

Zip Code

Email

Phone Number

SECTION 3 - COMPLAINT AGAINST MOTOR CARRIER OR CERTIFIED EXAMINER

Give specific details about the complaint. Provide the date(s) of the incident(s). If you have documents to support your complaint (for example a fraudulent form), attach the documents to your complaint.

Motor Carrier's Name		
Address		
City	State	Zip Code

AND/OR

Certified Examiner's Name	
Certified Examiner #	Associated Motor Carrier

COMPLAINT: (attach additional pages if necessary)

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* I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

- If this complaint results in a hearing, this complaint and documents you provided to support your complaint can be used as evidence.

- DMV is permitted to provide a copy of this complaint and documents you provided to support your complaint to the motor carrier or certified examiner named as the subject of this complaint.

- This complaint and documents you provided to support your complaint may be made available in response to a Freedom of Information (FOIL) request.

X _____   _____
                          Signature   Date