

Before filing your complaint, please attempt to settle this matter with the company or school.

Please note that we do not handle:

- Employee/Employer disputes
- Discrimination claims
- Matters that are/have been litigated/arbitrated
- Issues challenging the validity of state or federal law
- Complaints against a current or former co-worker
- Complaints regarding a 19-A driver file audit (you must contact the appropriate Department of Motor Vehicles Testing & Investigation Unit)

INSTRUCTIONS: To file a complaint against an Article 19-A Motor Carrier or Certified Examiner, complete the sections below. Please be as specific as possible about the problem. Upon completion of the investigation, the Bus Driver Unit will send you written results of the investigation.

NOTE: Anonymous complaints are allowed, but if you do not provide your contact information, the Bus Driver Unit cannot send you a reply and may not be able to fully investigate if additional information is needed.

After you complete this form, send it with a copy of any supporting documentation to the Bus Driver Unit, using one of the following options:

Mail it: New York State Department of Motor Vehicles
Bus Driver Unit
6 Empire State Plaza, Room 136B
Albany, NY 12228

Fax it: (518) 474-0593

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

Submit it online 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. Are you willing to appear and testify at a hearing if one is held to resolve this complaint? YES NO

3. Do you want to remain anonymous in any investigation of the subject of this complaint? YES NO

NOTE: Anonymity will be provided at the investigation stage. Anonymity is not guaranteed in any hearing that may result from the investigation, or in DMV's response to a Freedom of Information Law (FOIL) request.

SECTION 2 - CONSUMER INFORMATION (*required field)

Last Name*		First Name*	
Address			
City		State	Zip Code
Email		Phone Number	

SECTION 3 - COMPLAINT AGAINST MOTOR CARRIER OR CERTIFIED EXAMINER

Please be as specific as possible about the problem or complaint and the date(s) of the incident(s). If you have any supporting documentation (e.g. a fraudulent form) please submit it with 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)

*** I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:**

- If this complaint results in a hearing, this complaint and supporting documentation provided can be used as evidence.
- DMV is permitted to provide this complaint and supporting documentation to the motor carrier or certified examiner named as the subject of this complaint.
- This complaint and supporting documentation may be made available in response to a Freedom of Information (FOIL) request.



Signature

Date