



Use this form to register a complaint based on your experience with a driver training program, a driver training instructor, or both.

OFFICE USE ONLY	
BUSINESS ID NUMBER	CLIENT ID NUMBER

COMPLAINT ABOUT A DRIVER TRAINING PROGRAM, INSTRUCTOR, OR BOTH

Mark the box or boxes below that apply to your complaint.

PROGRAM

- Driving School Pre-Licensing Course
- Driving School Driving Lessons
- Online Pre-Licensing Course (OPL)
- Point and Insurance Reduction Program (PIRP)
- Internet Point and Insurance Reduction Program (IPIRP)
- Driver Education Program (Driver Ed)
- Impaired Driver Program (IDP)
- Motorcycle Safety Program (MSP)

INSTRUCTOR

- Driving School Instructor - Pre-Licensing Course
- Driving School Instructor - Driving Lessons
- Point and Insurance Reduction Program Instructor
- Driver Education Program Instructor
- Impaired Driver Program Instructor
- Motorcycle Safety Program Instructor

COMPLAINT ABOUT A PROGRAM

Complete this section if your complaint is about a driver training program.

Program Name

Program Address

City	State	Zip Code
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COMPLAINT ABOUT AN INSTRUCTOR

Complete this section if your complaint is about a driver training instructor.

Instructor's Last Name	Instructor's First Name
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Name of the Program, School, Delivery Agency or Program Sponsor

Instructor's Address

City	State	Zip Code
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**COMPLAINANT**

You must complete this section.

Your Last Name	Your First Name	Your M.I.	Suffix
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Your Address
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City	State	Zip Code
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Your Email Address	Your Home Phone	Your Work Phone
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**DESCRIPTION OF COMPLAINT**

Write the date or dates of this incident here: \_\_\_\_\_

Write a full description of your complaint. If necessary, attach more pages.

If there is a hearing to resolve this complaint, will you agree to testify?  Yes  No

Attach the **COPIES** of letters or other documents that support your complaint.

If there is a hearing, I understand that the hearing will use a copy of this complaint and the other documents from me. I understand that DMV also can provide these copies to the program or instructor named in this complaint. I understand that this complaint and information about this complaint can be provided for a Freedom of Information (FOIL) request. I understand that DMV will not provide any personal information about me, except my name, unless required to legally.

Your Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Mail, email, or fax this ORIGINAL complaint form, with copies of the documents that support your complaint, to:

New York State Department of Motor Vehicles  
 Driver Training Programs  
 6 Empire State Plaza, Room 327  
 Albany NY 12228  
 Fax: (518) 473-0160  
 Phone: (518) 473-7174  
 Email: drivertrainingprograms@dmv.ny.gov

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