



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

- Driver Education Program
- Driving School
- Point and Insurance Reduction Program Delivery Agency
- Point and Insurance Reduction Program Sponsor
- Internet or Electronic Point and Insurance Reduction Program

INSTRUCTOR

- Driver Education Instructor
- Driving School Instructor
- Point and Insurance Reduction Program Instructor
- Pre-licensing 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. DMV does not accept anonymous complaints.

Your Last Name	Your First Name	Your M.I.	Suffix
Your Address			
City		State	Zip Code
Your Email Address	Your Home Phone ()	Your Work Phone ()	

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 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

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Complaint Number									

