



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
------	-------	----------

COMPLAINT ABOUT AN INSTRUCTOR

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

Instructor's Last Name	Instructor's First Name
------------------------	-------------------------

Name of the Program, School, Delivery Agency or Program Sponsor

Instructor's Address

City	State	Zip Code
------	-------	----------

