



IGNITION INTERLOCK DEVICE PROGRAM COMPLAINT

DMV USE ONLY	
MANUFACTURER	
DATE RECEIVED	COMPLETION DATE

Instructions:

- Please type or print the following information.
- If you are submitting documents with your complaint, please send photocopies (i.e., cancelled checks, receipts, letters, etc.). Do not send original documents.
- Photocopy the completed complaint and keep for your records.
- Mail the complaint and copies of any supporting documents to:

Department of Motor Vehicles
Licensing Operations Division
PO Box 932342 MS N217
Sacramento, CA 94232-3420

SECTION 1 — COMPLAINANT (*Person filing the complaint*)

NAME (FIRST, MIDDLE, LAST)

ADDRESS (STREET OR PO BOX)

CITY

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

()

EVENING TELEPHONE NUMBER

()

May we show a copy of your complaint to the business? Yes No

SECTION 2 — MANUFACTURER INFORMATION THE COMPLAINT IS FILED AGAINST

NAME OF MANUFACTURER

ADDRESS (STREET OR PO BOX)

CITY

STATE ZIP CODE

TELEPHONE NUMBER

()

SECTION 3 — SERVICE CENTER INFORMATION THE COMPLAINT IS FILED AGAINST

SERVICE CENTER

TECHNICIAN/TECH. ID

ADDRESS (STREET OR PO BOX)

CITY

STATE ZIP CODE

TELEPHONE NUMBER

()

SECTION 4 — DETAILS OF COMPLAINT

Please attach additional sheet(s) of paper if more space is needed.

SECTION 5 — CERTIFICATION

The information contained in this form is true, correct, and complete to the best of my knowledge.

SIGNATURE

X

DATE SIGNED

THANK YOU FOR ASSISTING US IN OUR EFFORT TO RESOLVE YOUR COMPLAINT.