

## INSTRUCTIONS FOR FILING A MISUSE COMPLAINT

The Misuse of Record Information Complaint (INF 1164) form is used to register a complaint regarding inappropriate **inquiry (unauthorized access), update (changing, adding or deleting information), or disclosure (release to an unauthorized person or entity)** of your department record information, including driver license/identification card or vehicle/vessel registration information.

A Misuse Complaint **includes** any alleged inappropriate inquiry, update, or disclosure of department record information.

A Misuse Complaint **does not include**:

1. Alleged or actual computer network security breach (hacker incident) that should be immediately reported to the **Information Protection Services Office (IPSO) at (916) 657-5830.**
2. Any complaint of inappropriate conduct by an Occupational Licensee (OL) or identity theft/fraud issues that should be completed on Department form INV 172 and forwarded to the appropriate Investigations Division.

If you feel that your department record information has been accessed, updated, or disclosed inappropriately, please complete INF 1164 providing as much detail as available.

To help explain the details of your complaint, you must supply photocopies of those documents related to your complaint, if available. Failure to provide details or sending your complaint to the wrong address may delay its processing. **Do not send original documents.**

**Note:** All complaints will be investigated, however, any inquiries that were made by law enforcement for an on-going investigation will not be disclosed.

Mail the completed complaint and copies of supporting documents to the Department of Motor Vehicles at the appropriate address provided below:

Alleged Misuse of Department Record Information	By	Mail Your Completed Complaint Form and Supporting Documentation To
<ul style="list-style-type: none"> <li>• Update, inquiry, or disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• A DMV Employee</li> </ul>	Investigations Division Office of Internal Affairs Mail Station T197 P.O. Box 825389 Sacramento, CA 94232-3890
<ul style="list-style-type: none"> <li>• Update</li> </ul>	<ul style="list-style-type: none"> <li>• Other government entities including law enforcement, a court, tax assessor or collector, public toll road or public parking agency</li> </ul>	Communication Programs Division Justice and Government Liaison Branch Mail Station H171 P.O. Box 932345 Sacramento, CA 94232-3450
<ul style="list-style-type: none"> <li>• Update, inquiry, or disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• American Automobile of Northern California, Nevada and Utah (AAA NCNU)</li> <li>• Automobile Club of Southern California (ACSC)</li> <li>• National Automobile Club</li> </ul>	Registration Operations Division Auto Club Administrator Mail Station C383 P.O. Box 825393 Sacramento, CA 94232-5393
<ul style="list-style-type: none"> <li>• Update or disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• A Business Partner</li> <li>• Electronic Lien and Title or Service Provider – Registration Service</li> </ul>	Registration Operations Division Business Partner Administrator Mail Station C383 P.O. Box 825393 Sacramento, CA 94232-5393
<ul style="list-style-type: none"> <li>• Inquiry or disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Any other misuse complaint</li> <li>• An external entity such as insurance company, financial institution, attorney, etc.</li> </ul>	Communication Programs Division ISB Policy/Information Privacy Mail Station H225 P.O. Box 942890 Sacramento, CA 94290-0890



## MISUSE OF RECORD INFORMATION COMPLAINT

I have reason to believe that inappropriate inquiry, update or disclosure of my driver license/identification card and/or vehicle/vessel registration information has occurred. I wish to file a complaint against the person or business named below.

### SECTION 1 — COMPLAINANT

NAME		DRIVER LICENSE/IDENTIFICATION NUMBER	
RESIDENCE ADDRESS		APARTMENT NUMBER	DAYTIME TELEPHONE NUMBER (      )
CITY	STATE	ZIP CODE	

### SECTION 2 — COMPLAINT AGAINST

NAME			DATE(S) ALLEGED MISUSE OCCURRED	
BUSINESS NAME				
ADDRESS				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (      )	
DID YOU COMPLAIN TO THE PERSON/BUSINESS <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES, LIST PERSON CONTACTED/TELEPHONE NUMBER				
CONTACTED PERSON'S RESPONSE				

### SECTION 3 — EXPLANATION OF COMPLAINT (*Please print or type.*)

Describe what happened. Include the driver license and/or license number(s) about which the information was requested. (**Attach copies of relevant documents or additional sheets, if necessary.**) Be as specific as possible. Include how you became aware of this violation.

### SECTION 4 — CERTIFICATION

***I certify (or declare) under penalty of perjury under the laws of the State of California that the information provided is true and accurate. I am aware that as a result of the DMV investigation, only criminal or administrative action against the business and/or individual will result. Any monetary judgment or award to me or other victims must be pursued (by me) in a civil claim. I further understand that information provided on this form is open to public inspection and may be subject to future release including, but not limited to, the business or individual against whom the complaint was filed. Confidential information such as telephone numbers, residence address, and DL/ID numbers will be removed prior to release.***

SIGNATURE <b>X</b>	DATE
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***Please see instructions for appropriate mailing address.***