



New York State Department of Motor Vehicles
 DRIVER PROGRAM REGULATION
COMPLAINT FORM
 www.nysdmv.com

DPR-201 (5/07)

OFFICE USE ONLY													
BUSINESS ID #							CLIENT ID #						

Please print clearly.

COMPLAINT TYPE

The type of business or individual you have a complaint about is:

BUSINESS

- Alcoholism Evaluation/
Treatment Provider/Facility
- Bus Carrier
- Drinking Driver Program
- Driver Education Program
- Driving School
- Point/Insurance Reduction Program Delivery
Agency
- Point/Insurance Reduction Program Sponsor
- Other: _____

INDIVIDUAL

- Alcoholism Evaluation/
Treatment Counselor
- Article 19-A Certified Examiner
- Bus Driver
- Drinking Driver Program Instructor
- Driver Education Instructor
- Driving School Instructor
- Point/Insurance Reduction
Program Instructor
- Pre-licensing Instructor
- Other _____

SUBJECT OF COMPLAINT

Your complaint is against:

Business Name _____

Individual's Last Name	Individual's First Name	M.I.	Suffix

Address _____

Address _____

City	State	Zip Code

PERSON/BUSINESS FILING COMPLAINT

DPR-201 (5/07)

Your Last Name	Your First Name	M.I.	Suffix
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Your Address

Address

City	State	Zip Code	Home Phone ()	Work Phone ()
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E-mail Address

Business Name

DESCRIPTION OF COMPLAINT


On what date(s) did the incident occur? _____

Please describe the complaint in detail. Attach additional pages if necessary.

Are you willing to appear and testify at a hearing if one is held to resolve this complaint? Yes No

Be sure to attach **COPIES** of any supporting correspondence and/or documents.

I understand that a copy of this form and any or all of the enclosed information may be shared with the business or individual on page one of this form if a hearing is held to resolve this complaint. In addition, I understand that the complaint may be disclosed if it is the subject of a subpoena or Freedom of Information request, and that DMV will not disclose the complainant's personal information, other than name, unless compelled to do so by a subpoena or court order.

Your Signature  _____ Date _____

Please complete and mail or fax this original document with all necessary attachments to:

New York State Department of Motor Vehicles
 Driver Program Regulation
 6 Empire State Plaza, Room 412
 Albany NY 12228
 Fax: (518) 473-0160

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