

Complainant Information:

Name: _____
Address: _____
City/County/State/Zip Code: _____
Home Telephone Number: _____ Work Telephone Number: _____
E-Mail Address: _____ FAX Number: _____
Association with School (customer, employee, etc.) _____

Subject of Complaint:

<input type="checkbox"/> Individual _____	<input type="checkbox"/> School _____
Date of Incident: _____	

Please describe the complaint in detail. Attach any additional documents to the back of this form.

Are you willing to testify if necessary? yes no
Are you willing to provide an affidavit if necessary? yes no

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 Public Records request, and that the Department of Public Safety 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:
Ohio Department of Public Safety
Driver Training
1970 West Broad Street Rm 426
Columbus, OH 43223
Fax: (614) 351-6015

Official Use Only:

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