



PROGRAM COMPLAINT FORM

Instructions: Please type or print legibly all required information. Please be aware that incomplete information may delay our ability to process your complaint in a timely manner.

SECTION 1: Complainant Information

Last Name	First Name	Middle Name	Suffix
Mailing Address	City	State	Zip Code
Home Phone Number	Cell Phone Number	Email Address	

SECTION 2: Program Information

Name of Program	Phone Number		
Physical Address	City	State	Zip Code
Name(s) of Program Personnel Involved			

SECTION 3: Nature of Complaint

What service(s) did the above-referenced program provide?

- DUI/Risk Reduction Defensive Driving/Driver Improvement Driver Education/Driver Training
- Alcohol and Drug Awareness Program (ADAP) Limousine Chauffeur
- Ignition Interlock

Please summarize your complaint below. Be sure to include names of witnesses, dates, times, and a detailed description of the incident. You may attach additional pages as necessary.



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What are your losses? *(If applicable)* _____

In your opinion, how should this complaint be resolved? _____

Was there a contractual agreement between you and the above-referenced program? *(If yes, please attach a copy)*

Yes No

SECTION 4: Complainant Affirmation

Under penalty of law, I do hereby swear or affirm that the information provided herein is complete and accurate, to the best of my knowledge.

I understand that this complaint may be subject to public disclosure in accordance with the Georgia Open Records Act, O.C.G.A. §50-18-70, et. seq.

In addition, I understand that I may be subpoenaed as a witness in any criminal or administrative proceeding that may result from this complaint.

Signature: _____

Date: _____

Print Name: _____

You may submit this form and any supporting documentation using one of the following methods:

By mail

-OR-

By Facsimile

**Georgia Department of Driver Services
Attention: Regulatory Compliance Division
2206 East View Parkway
Conyers, Georgia 30013**

**678-413-8735
Attention: Mistie Odum**