



NCDMV LICENSE & THEFT BUREAU OFFICIAL COMPLAINT

Please include all known pertinent information
Please attach copies of any and all pertinent documentation

COMPLAINING PARTY (COMPLAINANT) INFORMATION:

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELLULAR PHONE: _____ BEST TIME TO CALL: _____

DRIVER'S LICENSE OR IDENTIFICATION NUMBER (include State of issuance): _____

DATE OF BIRTH: _____ RELATIONSHIP TO SUBJECT OF COMPLAINT: _____

SUBJECT OF COMPLAINT INFORMATION:

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CELLULAR PHONE: _____ BEST TIME TO CALL: _____

DRIVER'S LICENSE OR IDENTIFICATION NUMBER - IF KNOWN (include State of issuance): _____

DATE OF BIRTH - IF KNOWN: _____ IF UNKNOWN, APPROXIMATE AGE: _____

SEX: MALE FEMALE RACE: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

IF VEHICLE DEALER OR INSPECTION STATION:

BUSINESS NAME: _____

DEALER OR STATION NUMBER - IF KNOWN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

SALESMAN OR MECHANIC: _____

VEHICLE INFORMATION (if applicable) :

(1) VEHICLE IDENTIFICATION NUMBER (VIN): _____

PLATE NUMBER: _____ STATE: _____

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____

(2) VEHICLE IDENTIFICATION NUMBER (VIN): _____

PLATE NUMBER: _____ STATE: _____

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____

COMPLAINT DECLARATION

I HEREBY STATE THAT THE INFORMATION I HAVE PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I SUBMIT THIS COMPLAINT AS PART OF MY REQUEST THAT THE NC DMV LICENSE & THEFT BUREAU CONDUCT AN INVESTIGATION BASED UPON THESE FACTS. I UNDERSTAND THAT I MAY BE CALLED UPON TO TESTIFY IN CRIMINAL AND OR ADMINISTRATIVE PROCEEDINGS AS A COMPLAINING WITNESS.

(SIGNATURE OF COMPLAINANT)

(SIGNATURE OF WITNESS)

DATED: _____

FOR DMV OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____

REVIEWED BY: _____ ID / FILE #: _____ DATE REVIEWED: _____

CASE #: _____

RESULTS: _____

COMPLAINANT NOTIFIED?: **YES** **NO** IF YES, DATE NOTIFIED: _____

TIME: _____ HOW NOTIFIED: _____

BY WHOM: _____

