



North Carolina Division of Motor Vehicles
 LICENSE & THEFT BUREAU



Official Complaint/Investigation

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

COMPLAINING PARTY (COMPLAINANT) INFORMATION

Name
 (Last) (First) (Middle)

Address City State Zip Code

Business Phone Cellular Phone Home Phone

Best Time to Call E-mail Address

Driver's License or Identification Number State of Issuance

Date of Birth Relationship to Subject of Complaint

SUBJECT OF COMPLAINANT INFORMATION

Name
 (Last) (First) (Middle)

Address City State Zip Code

Business Phone Cellular Phone Home Phone

Best Time to Call E-mail Address

Driver's License or Identification Number - If Known State of Issuance

Date of Birth 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

Business Phone

Salesman or Mechanic
 (Last) (First) (Middle)

--	--	--	--

Vehicle Information (if applicable, if more than 3 vehicles use Complaint Details as continuation)

(1) Vehicle Identification Number (VIN)

Plate Number State of Issuance

Year Make Model Color

(2) Vehicle Identification Number (VIN)

Plate Number State of Issuance

Year Make Model Color

(3) Vehicle Identification Number (VIN)

Plate Number State of Issuance

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)

Date

If Submitting via E-mail Page 4 a Digital Signature (Adobe.PPKLite) is Required. If mailing be sure to sign and witness this page. Mail to NCDMV License & Theft Bureau, 1100 New Bern Ave., MSC 3131, Raleigh, NC 27699. Or you may provide a completed and signed copy to your local office.

FOR NC DMV LICENSE & THEFT BUREAU USE ONLY

Do not complete this section!

Date Received by

Reviewed by ID/Fraud Unit # Date

Inspector Case #

Results

Complainant Notified? Yes No If Yes, Date notified Time

How Notified By Whom

--	--	--	--

Complaint Details

Please provide a detailed narrative of the complaint

*** Please continue on additional pages if Necessary
*** Remember to attach all pertinent documentation ***

--	--	--	--

Complaint Details

Please provide a detailed narrative of the complaint

*** Please continue on additional pages if Necessary
*** Remember to attach all pertinent documentation ***

If Submitting via E-mail a Digital Signature (Adobe.PPKLite) is Required. If mailing be sure to sign and witness page 2. Mail to NCDMV License & Theft Bureau, 1100 New Bern Ave., MSC 3131, Raleigh, NC 27699. Or you may provide a completed and signed copy to your local office.