

STATE VEHICLE COMPLAINT FORM

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES



John R. Kasich,
Governor

General Services Administration
Office of Fleet Management
4200 Surface Road
Columbus, Ohio 43228-1395
Ph: (614) 466-6607
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OhioDAS

Robert Blair,
Director

Section I.

License No:	_____	# Occupants in Vehicle:	_____
Description:	_____	Seatbelts:	_____
Color	_____	Male or Female:	_____
Date of Incident:	_____	Comments:	_____
	_____		_____
Time of Incident:	_____		_____
Time of Day:	_____		_____

Section II.

Specific Location of Incident:

Description of Incident:

Additional Comments:

Please provide the Office of Fleet Management with a written response as to the action taken on this issue.

Fleet Management Use Only

Agency Assigned

Date / Time Rec'd

Complaint Received By

NOTE: This Vehicle Complaint is being forwarded to the Fleet Manager of the agency holding title for the above listed state vehicle. Please investigate the complaint and handle as you deem appropriate. If you have questions or require additional information, please feel free to contact the Office of Fleet Management.

E-mail To:		E-mail Address:		Pages:	
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