



STATE VEHICLE COMPLAINT

Section I.

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

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. Complainant has requested follow-up from OFM concerning this complaint.

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 contact the Office of Fleet Management.

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