



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
 DRIVER AND VEHICLE SERVICES
Complaint Form
 Ignition Interlock Device Program

Upload online: drive.mn.gov FAX: 651-797-1299 EMAIL: dvs.ii@state.mn.us Mail: 445 Minnesota St, Ste 177, St Paul, MN 55101

Participant Information

First Name	Middle Name	Last Name	Driver's License Number
Address		City	State Zip
Phone Number	Email Address		

Who is the Complaint Against?

Name of Manufacturer, Service Center, Person, etc.

Address (if known) City/State/Zip

Reason for Complaint

- Service/Installation
- Contract Dispute
- Other, please specify: _____
- Misrepresentation
- Certification

Please explain your complaint. Attach additional documentation as necessary.

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What is the purpose of supplying the requested information?

The Department of Public Safety - Driver and Vehicle Services ("DPS-DVS") collects the information on this form to evaluate your complaint concerning the Ignition Interlock Device Program, and for recordkeeping purposes as required by the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13.

Am I required to provide the requested information?

You are not legally required to complete this form.

What will happen if I do not provide the requested information?

If you refuse, DPS-DVS will consider the complaint incomplete and will not be able to evaluate your complaint.

Who will have access to the requested information?

DPS-DVS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, pedestrians or property. The personal information you provide is classified by 18 United States Code section 2721 and the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13, and is subject to the disclosure in accordance with these laws. The information you provide may also be shared upon court order or provided to the state or legislative auditor.

I hereby affirm that the information provided is true and accurate to the best of my knowledge.

X _____
Signature Date