



## Complaint Form

### Ignition Interlock Device Program

FAX to: (651) 797-1299

EMAIL to: [dvs.ii@state.mn.us](mailto:dvs.ii@state.mn.us)

MAIL to: Driver and Vehicle Services, Ignition Interlock Unit, 445 Minnesota St., Suite 177, St. Paul, MN 55101

#### Person Submitting Complaint

Name of Person Submitting Complaint (Please Print)

Address

City/State/Zip

Daytime Phone Number

Driver's License Number

#### Who is the Complaint Against?

Name of Manufacturer, Service Center, Person, etc.

Address (if known)

City/State/Zip

#### Reason for Complaint

Service/Installation

Misrepresentation

Contract Dispute

Certification

Other, please specify: \_\_\_\_\_

**Please explain your complaint and expected outcome. Attach additional documentation as necessary.**

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

X

Signature

Date

Tennessee Warning – Information collected on this form is used by the Department of Public Safety (DPS) to identify the person and as required by Minnesota Statute. If you do not provide this information, DPS may not be able to investigate your complaint. Personal information (name and address of individuals) is classified as private data. DPS releases this information only as authorized or required by state and federal law.