



Customer Service Incident Report

Fax completed form to 651-797-1252 or email to: DVS.Customer-incident@state.mn.us

Date _____

Submitted by: _____

Office/Work Area _____

Phone or email: _____

Type of Incident - Please check one and explain below

- Misinformation Information on Form Misleading Inappropriate Referral Other

Write a brief description of incident below.

Date of Incident : _____

Customer obtained information by (please check one)

by Phone Phone number that customer called from: _____

In Person Where: _____

Customer Contact Information (Optional)

If the customer would like a DVS representative to contact them please provide information below.

Customer Name

Contact Information

Best time to contact customer between 8 -4:30 M-F