



North Carolina Division of Motor Vehicles  
LICENSE & THEFT BUREAU



**Official Complaint/Investigation**

\*\*\*Please attach copies of any and all pertinent documentation\*\*\*  
\*\*\*Please include all known pertinent information\*\*\*

COMPLAINING PARTY (COMPLAINANT) INFORMATION

Name     
(Last) (First) (Middle)

Address  City  State  Zip Code

Business Phone  Cellular Phone  Home Phone

Best Time to Call  E-mail Address

Driver's License or Identification Number  State of Issuance

Date of Birth  Relationship to Subject of Complaint

SUBJECT OF COMPLAINANT INFORMATION

Name     
(Last) (First) (Middle)

Address  City  State  Zip Code

Business Phone  Cellular Phone  Home Phone

Best Time to Call  E-mail Address

Driver's License or Identification Number - If Known  State of Issuance

Date of Birth  If Unknown, Approximate Age

Sex  Male  Female Race

Place of Employment

Address  City  State  Zip Code

IF VEHICLE DEALER OR INSPECTION STATION

Business Name

Dealer or Station Number - If Known

Address  City  State  Zip Code

Business Phone

Salesman or Mechanic     
(Last) (First) (Middle)

Vehicle Information (if applicable, if more than 3 vehicles use Complaint Details as continuation)

(1) Vehicle Identification Number (VIN)

Plate Number  State of Issuance

Year  Make  Model  Color

(2) Vehicle Identification Number (VIN)

Plate Number  State of Issuance

Year  Make  Model  Color

(3) Vehicle Identification Number (VIN)

Plate Number  State of Issuance

Year  Make  Model  Color

Complaint Declaration

I hereby state that the information I have provided herein is true and correct to the best of my knowledge. I submit This complaint as part of my request that the NC DMV License & Theft Bureau conduct an investigation based upon these facts. I understand that I may be called upon to testify in criminal and or administrative proceedings as a complaining witness.

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
(Signature of Witness)

Date

If Submitting via E-mail Page 4 a Digital Signature (Adobe.PPKLite) is Required. If mailing be sure to sign and witness this page. Mail to NCDMV License & Theft Bureau, 1100 New Bern Ave., MSC 3131, Raleigh, NC 27699. Or you may provide a completed and signed copy to your local office.

**FOR NC DMV LICENSE & THEFT BUREAU USE ONLY** **Do not complete this section!**

Date  Received by

Reviewed by  ID/Fraud Unit #  Date

Inspector Case #

Results

Complainant Notified?  Yes  No If Yes, Date notified  Time

How Notified  By Whom

## Complaint Details

Please provide a detailed narrative of the complaint

\*\*\* Please continue on additional pages if Necessary

\*\*\* Remember to attach all pertinent documentation \*\*\*

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If Submitting via E-mail a Digital Signature (Adobe.PPKLite) is Required. If mailing be sure to sign and witness page 2. Mail to NCDMV License & Theft Bureau, 1100 New Bern Ave., MSC 3131, Raleigh, NC 27699. Or you may provide a completed and signed copy to your local office.