

**COMPLAINT AGAINST CT LICENSED
DRIVING SCHOOL OR INSTRUCTOR**
R-403 New 4-2021

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER EDUCATION UNIT
On The Web At: ct.gov/dmv

CASE NUMBER

DMV OFFICE USE ONLY	SCHOOL LICENSE NUMBER	SCHOOL NAME	AGENT ASSIGNED	DATE
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**USE THIS FORM TO REGISTER A COMPLAINT BASED ON YOUR EXPERIENCE WITH A DRIVER TRAINING PROGRAM,
DRIVER TRAINING INSTRUCTOR, OR BOTH, COMPLETE FORM, SIGN AND SEND WITH ALL PAPERS RELATED TO
YOUR COMPLAINT TO THE DMV AT THE ADDRESS BELOW:**

TO: Department of Motor Vehicles, Driver Education Unit, 60 State Street, Wethersfield, CT 06161-2010

DRIVING SCHOOL OR DRIVING INSTRUCTOR INFORMATION	BUSINESS NAME			
	BUSINESS ADDRESS			BUSINESS PHONE NUMBER
	BUSINESS CITY	STATE	BUSINESS ZIP CODE	BUSINESS E-MAIL ADDRESS
	INSTRUCTOR NAME			
COMPLAINANT INFORMATION	YOUR NAME			YOUR PHONE NUMBER
	YOUR ADDRESS			CELL PHONE NUMBER
	YOUR CITY	STATE	ZIP CODE	YOUR E-MAIL ADDRESS
	STUDENT NAME			
STUDENT INFORMATION	STUDENT ADDRESS			STUDENT PHONE NUMBER
	STUDENT CITY			STUDENT CELL PHONE NUMBER
	STUDENT CITY			STUDENT E-MAIL ADDRESS
	STUDENT CITY			

TYPE OF BUSINESS

DRIVER TRAINING SCHOOL DRIVER TRAINING INSTRUCTOR DRIVER EDUCATION PROGRAM

DATE OF INCIDENT	TIME OF INCIDENT	LOCATION OF INCIDENT
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PLEASE TYPE OR PRINT A BRIEF DESCRIPTION OF YOUR COMPLAINT BELOW:

**I AM FILING A COMPLAINT AGAINST THE BUSINESS OR PERSON NAMED ABOVE. I AM REQUESTING THE
DEPARTMENT OF MOTOR VEHICLES ASSIST ME IN RESOLVING MY COMPLAINT TO THE EXTENT AS
PROVIDED BY LAW.**