



# The Commonwealth of Massachusetts

Registry of Motor Vehicles

P.O. Box 55896

Boston, MA 02205-5896

## REGISTRY OF MOTOR VEHICLES COMPLAINT OF IMPROPER OPERATION

I am filing a complaint with the Registry of Motor Vehicles concerning the improper operation of a motor vehicle. The motor vehicle registration number is \_\_\_\_\_. The vehicle make, model, and color are \_\_\_\_\_.

### Complainant Information

Your Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_

Your Address: \_\_\_\_\_

Please provide the following information concerning the improper operation of the motor vehicle you observed. Be as specific about the details of the incident as possible.

Date of the Incident: \_\_\_\_\_ Time of the Incident: \_\_\_\_\_

City/Town of the Incident: \_\_\_\_\_

Location of the Incident (Street or Highway): \_\_\_\_\_

Was this Reported to the Police? (check one)  Yes  No

If yes, which Police Department \_\_\_\_\_

Description of the Improper Operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signed under the penalties of perjury

\*\*\*PLEASE READ THE FOLLOWING CAREFULLY BEFORE SUBMITTING\*\*\*

The RMV's Driver Control Unit is prepared to investigate this complaint. **If a hearing is scheduled in this matter, you will be notified and required to attend. Do not submit this complaint to the agency unless you are prepared to attend the hearing and give your testimony as to what occurred.**

**NOTE: This form in its entirety is available to the other party upon request.**