



The Commonwealth of Massachusetts

Registry of Motor Vehicles

P. O. Box 199150

Boston, MA 02119-9150

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 # is: _____ . The vehicle make, model and color is: _____ .

Complainant Information:

Your Name: _____ Your Phone #: _____

Your Address _____

Please provide the following information concerning the improper operation of a motor vehicle which you observed, being as specific as possible as to the details of the incident.

Date of the Incident : _____ Time of Incident: _____

City/Town of Incident: _____

Location Of Incident (Street or Highway): _____

Description of the Improper Operation: _____

The RMV's Driver Control Unit is prepared to investigate this complaint. However, prior to any formal action that may be taken, your attendance at an administrative hearing is required. Should you wish to attend this hearing, the RMV is required to forward a copy of your complaint to the operator in question. **NOTE: ALL PERSONAL INFORMATION ABOUT YOU WILL BE REMOVED FROM THE COMPLAINT COPY SENT TO THE OFFENDING OPERATOR.** Please call Ms. Sharon Follo at (617) 351-9013 to notify us if you wish to attend a hearing.

Signed: _____

Date: _____