

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF DRIVER LICENSES
BUREAU OF DRIVER EDUCATION AND DUI PROGRAMS**

**DRIVING UNDER THE INFLUENCE PROGRAMS
COMPLAINT FORM**

INDIVIDUAL/DUI PROGRAM INITIATING COMPLAINT: (Please Type)

Name of Individual/Program:

Address:

Telephone:

Manager or Director:

President or Chairman of the Governing Board:

NATURE OF COMPLAINT:

PROGRAM COMPLAINT IS DIRECTED AGAINST:

Name of Program:

Address:

Telephone:

Manager or Director:

President or Chairman of the Governing Board:

NOTE: Attach additional sheets explaining the nature of the complaint if necessary. Any material related to the complaint or the action initiated as a result of the complaint is to be attached to this form.

MAIL TO: Department of Highway Safety and Motor Vehicles
Division of Driver Licenses
Bureau of Driver Education and DUI Programs
B-214, Neil Kirkman Building
Tallahassee, FL 32399-0571