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

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