



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.