

DRIVER TRAINING SCHOOLS / INSTRUCTORS COMPLAINT

MV3756 3/2010 s.343.62(2) Wis. Stats.

Driver Training School Coordinator
dotdrvtrnschool@dot.wi.gov
 Telephone: (608) 264-7495
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Wisconsin Department of Transportation
 Division of Motor Vehicles
 WisDOT Driver Training School Program
 PO Box 7920
 Madison, WI 53707-7920

Complete this form only if the issue still remains AFTER you have worked with the driver training school.
 Attach all evidence that supports this complaint along with a copy of the agreement/contract with the driver training school.
 Submit the completed form to the above fax number or address.

Your Name (Name of Person Filing the Complaint)	Name of School or Instructor Your Complaint is Against
Address	Address
City State ZIP Code County	City State ZIP Code County
Area Code - Telephone Number - Home Hours you may be reached	Area Code - Telephone Number - Home Hours you may be reached
Area Code - Telephone Number - Work Hours you may be reached	Area Code - Telephone Number - Work Hours you may be reached
E-Mail Address	E-Mail Address
Your Relationship to the Student	Incident Date
Student - Full Name	Birth Date - Student
Area Code - Telephone Number - Student	E-Mail Address - Student

1. What is the issue? Answer the questions what, when, where, and who. Attach a separate sheet if additional space is needed.

2. What has been done to address this issue to date? Be specific.

3. What outcome do you seek?

I certify that the information on this form is the truth, as I perceive it, and that all witnesses are aware that they are mentioned in the complaint.

X

 (Person Filing the Complaint)

 (Date)

First Contact By/Date
