

## 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 Mo	tor Vehicles concerning the improper operation of
a motor vehicle. The Motor Vehicle Registration	on # is: The vehicle make,
model and color is:	
Complainant Information:	
Your Name:	Your Phone #:
Your Address	
Please provide the following information conce you observed, being as specific as possible as to	rning the improper operation of a motor vehicle which o 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:	
formal action that may be taken, your attendance wish to attend this hearing, the RMV is required question. <b>NOTE: ALL PERSONAL INFORM</b>	investigate this complaint. However, prior to any e at an administrative hearing is required. Should you do forward a copy of your complaint to the operator in MATION ABOUT YOU WILL BE REMOVED O THE OFFENDING OPERATOR. Please call Ms. you wish to attend a hearing.
Signed:	Date: