

Bureau of Motor Vehicles

Driver Education & Motorcycle Rider Education Program Complaint Form

Please complete entire form and fax to 207-624-9158 or mail to:

Secretary of State
BMV-Driver/Rider Education Program
#29 State House Station
Augusta, Maine 04333

Submitting this form will not affect a student's driver education certificate, learner's permit, intermediate or provisional driver's license or full driver's license.

You may contact the Driver Education and Motorcycle Rider Education Program at 207-624-9000 ext. 52128 or email to: Driver.Education@Maine.gov.

(See other side for questionnaire)

Student's name: _____

Student's date of birth: _____

Student's history # on permit: _____

Student's address: _____

Student's telephone number: _____

Parent or guardian's name: _____

Parent or guardian's email address: _____

Providing the student's and/or parent's or guardian's name will enable the Bureau of Motor Vehicles to provide feedback that is desired and to follow-up on comments that need more investigation.

FOR BMV USE ONLY

Complaint Number _____

Date Received _____

Name of driving school you attended _____

Address where you attended _____

Dates you attended _____
(Provide Start and End Dates)

Classroom Instructor names: _____

In-car Instructor names: _____

Have you discussed your problem with anyone from the driving school? _____

Name(s) of the person contacted: _____

Date(s): _____

Results: _____

Provide a detailed explanation of your complaint (use additional sheets as needed):

I certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief. *(If under 18 years of age, parent/guardian must sign.)*

(Printed Name of Complainant) (Signature of Complainant) (Date)

(Printed Name of Parent/Guardian) (Signature of Parent/Guardian) (Date)