



South Carolina Department of Motor Vehicles
COMMERCIAL DRIVER TRAINING SCHOOL COMPLAINT FORM

DI-41
(Est. 3/09)

OFFICE USE ONLY

FILE # _____

LICENSE # _____

MAIL OR FAX TO:

Office of Driver Improvement
PO Box 1498
Blythewood, SC 29016-0016
Fax: (803) 896-9926

PLEASE TYPE OR PRINT IN BLACK INK.

TODAY'S DATE: _____

COMPLAINANT'S NAME: _____

ADDRESS: _____

BUSINESS TELEPHONE # _____ ALTERNATE TELEPHONE # _____

DRIVING SCHOOL INVOLVED: _____

ADDRESS: _____

The South Carolina Freedom of Information Act may require the Department of Motor Vehicles to release a copy of your complaint as a public record.

PLEASE PROVIDE AN EXPLANATION OF YOUR COMPLAINT:

HAS LEGAL COUNSEL BEEN CONSULTED? YES NO

HAS CIVIL ACTION BEEN TAKEN? YES NO

HAVE YOU CONSULTED ANY OTHER AGENCY? YES NO

OTHER AGENCY (IF APPLICABLE) _____

SIGNATURE OF COMPLAINANT