TEXAS DEPARTMENT OF PUBLIC SAFETY

MOTOR CARRIER COMPLAINT

Please complete / return or email to:
Texas Department of Public Safety
Motor Carrier Bureau/MCCA
PO Box 4087
Austin, TX 78773-0522
MCB.CMV_Complaints@dps.texas.gov

1. Carrier Name: _____

2. Carrier Address: _____

3. Carrier Telephone Number: _____ 4. Date of Complaint: _____

5. Driver's Name: _____

6. Driver License Number: _____ 7. State: _____

8. Vehicle License Number: _____ 9. State: _____

10. Name of Complainant: _____

11. COMPLAINT: (Narrative must provide detailed information regarding the specific complaint)

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(continue narrative on back if required)

Lieutenant's Approval: _____ Date: _____

COURTESY - SERVICE - PROTECTION

CVE-5 (07/15)