



# DRIVER TRAINING SCHOOL / INSTRUCTORS COMPLAINT

MV3756 4/2014 s.343.62(2) Wis. Stats.

Wisconsin Department of Transportation  
Division of Motor Vehicles  
WisDOT Driver Training School Program  
PO Box 7920, Madison, WI 53707-7920

Driver Training School Coordinator  
[dotdrvtrnschool@dot.wi.gov](mailto:dotdrvtrnschool@dot.wi.gov)

Telephone: (608) 264-7495  
Fax: (608) 223-7705

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
Email Address	Email Address
Your Relationship to the Student	Incident Date (m/d/yyyy)
Student – Full Name	Birth Date (m/d/yyyy) – Student
(Area Code) Telephone Number – Student	Email 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.

First Contact By/Date

**X**

(Person Filing the Complaint)

(Date – m/d/yyyy)