



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 Motor Vehicles concerning the improper operation of a motor vehicle. The motor vehicle registration number is _____. The vehicle make, model, and color are _____.

Complainant Information

Your Name: _____ Your Telephone No.: _____

Your Address: _____

Please provide the following information concerning the improper operation of the motor vehicle you observed. Be as specific about the details of the incident as possible.

Date of the Incident: _____ Time of the Incident: _____

City/Town of the Incident: _____

Location of the Incident (Street or Highway): _____

Description of the Improper Operation: _____

By signing this form you are filing a complaint of improper operation of a motor vehicle by another operator. You may be required to appear at any administrative hearing conducted by the Registry of Motor Vehicles concerning this complaint. You will be notified by mail of the date, time, and location of any hearing.

Signed: _____ Date _____