



Driver Education Program Complaint Form

Please complete entire form and mail to:

QAS, Driver Education Program, Room 207
Maryland Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie MD 21062

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

You may contact a Motor Vehicle Administration, driver education, quality assurance representative by calling 410-424-3749, or Email to: **driveredu@mdot.state.md.us**.

(See other side for questionnaire)

Student's name: _____

Student's Learner's Permit #: _____

Parent or guardian's name: _____

Student's address: _____

Student's telephone number: _____

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

FOR MVA USE ONLY

DIS Number _____

ISS Number _____

(over)

Name of the 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):

**Attach Documentation Supporting Your Complaint
(your contract, proof of payment, business cards, etc.)**

Describe what results would satisfy your complaint: _____

I certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge, information, and belief.

(Printed Name of Complainant)

(Signature of Complainant) (Date)

(Printed Name of Parent / Guardian)

(Signature of Parent / Guardian) (Date)