



IID Feedback Form

If you have feedback about the service you received or the device that was installed, please provide a detailed description of your experience. Please include your full name and Utah driver license number, as well as the name and location of the interlock provider, and mail to this address:

Driver License Division
Ignition Interlock Program
P.O. BOX 144501
Salt Lake City, UT 84114

Alternatively, you may email the requested information to iidprogram@utah.gov If you

have a complaint about fees charged, please contact your provider directly.

Full Name:

UT Driver License Number:

Email and Phone Number:

IID Service Provider:

IID Service Provider Address:

Please be specific as possible when giving details regarding the complaint

Your feedback:

Prior to submitting this form, please attach copies of all relevant documentation you would like to submit regarding your complaint.

Signature:	Date:
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