



## DMV LAW ENFORCEMENT INVESTIGATION REQUEST

**Purpose:** Use this form to report incidents requiring DMV Law Enforcement attention, such as suspicious activity related to motor vehicles, driver licensing, fuels taxes, motor vehicle dealer transactions, DMV transactions, or property/passenger carrier operations, etc.

**Instructions:** All fields are not required but please complete as much information as possible. This will assist in the investigation of your complaint. If you are completing the form by hand and the space provided is not sufficient, please feel free to write on the back of the form or attach an extra page. Submit supporting documentation with the form.

To submit completed form: (1) Save it electronically and email to [enforcement@dmv.virginia.gov](mailto:enforcement@dmv.virginia.gov); (2) mail it to the address shown above or (3) send printed form via fax to (804) 367-8087. If you have questions, please call (804) 367-1678 or (804) 367-1997.

**NOTE:** All complaints are reviewed by DMV law enforcement. Some investigations are complex and can take several weeks or months to resolve.

COMPLAINANT INFORMATION			
NAME (first, middle, last)			DMV CUSTOMER NUMBER
STREET ADDRESS		CITY/TOWN	STATE ZIP CODE
MAY A DMV LAW ENFORCEMENT AGENT CONTACT YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO (Checking no may impede a successful investigation of your complaint.)			
HOW DO YOU WANT TO BE CONTACTED? <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> EITHER			
RESIDENCE PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
IF CRIMINAL CHARGES ARE WARRANTED, ARE YOU WILLING TO COOPERATE AND BE A WITNESS FOR COURT APPEARANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> CHECK THE BOX IF THE COMPLAINANT IS ALSO THE VICTIM.			

VICTIM INFORMATION (If other than reporting individual)			
NAME (first, middle, last)			DMV CUSTOMER NUMBER
STREET ADDRESS		CITY/TOWN	STATE ZIP CODE
EMAIL ADDRESS			TELEPHONE NUMBER

VEHICLE INFORMATION (if applicable)						
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)		TITLE NUMBER	
VEHICLE COLOR	PRIMARY	SECONDARY	PLATE NUMBER	STATE OF ISSUE	MILEAGE	PURCHASE DATE (mm/dd/yyyy)

SUSPECT/OFFENDER INFORMATION			
SUSPECT/OFFENDER NAME			
STREET ADDRESS		CITY/TOWN	STATE ZIP CODE
EMAIL ADDRESS			TELEPHONE NUMBER

**INCIDENT DETAIL INFORMATION**

INCIDENT LOCATION (enter as much information as possible)

BUSINES NAME/TRADE NAME/DMV OFFICE/OTHER LOCATION WHERE THE INCIDENT OCCURRED

INCIDENT DATE (mm/dd/yyyy) and TIME

STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

HAS THE INCIDENT BEEN REPORTED TO ANY OTHER LAW ENFORCEMENT AGENCY?  YES  NO

IF YES, WHICH AGENCY? \_\_\_\_\_

**INCIDENT DETAIL INFORMATION (continued)**

INCIDENT DESCRIPTION - Provide a brief description of the incident and your complaint. If you are completing this by hand and need more space, please use additional sheets as necessary.

**SIGNATURE****Falsely reporting a crime is unlawful and punishable as a misdemeanor (VA Code §18.2-461).**

NAME (print)

SIGNATURE

DATE (mm/dd/yyyy)