



Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
Driver Education/Road Skills Testing Complaint Form

Date		Received By	
Name of Parent or Adult Student Name			
Phone Number		Email Address	
Name of Student			
Age of Student	DOB	TIP/LP # of Student	
Complaint Regarding			
School			
City			
Owner(s) (if known)			
Instructor/Examiner (if known)			
Service(s) Provided:	<input type="checkbox"/> 30-hour <input type="checkbox"/> 6-hour <input type="checkbox"/> 8-hour Behind-the-Wheel <input type="checkbox"/> Road Skills Driving Test		
Classroom/Behind-the-Wheel Dates			
Summary of Complaint:			