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# Non-Consensual Towing Complaint Form

**GA DPS USE ONLY**

DATE RECEIVED _____ COMPLAINT # _____

FORM RECEIVED: ❑ PHONE CALL ❑ WRITTEN ❑ OTHER _____

| PARTY FILING COMPLAINT | TOWING COMPANY |
|---|---|
| Full Name: _____ | Name: _____ |
| Address: _____ | Impound Location: _____ |
| Apartment: _____ | Additional Location: _____ |
| City, State Zip: _____ | |
| Contact Number: _____ | Telephone Number: _____ |

| TOWED VEHICLE INFORMATION | TOW TRUCK DRIVER INFORMATION |
|---|---|
| Year/Make/Model: _____ | Name: _____ |
| Color: _____ | |
| VIN or Tag # (If Available): _____ | Other: _____ |

Date vehicle was towed: _____

Address or location vehicle was towed from: _____

If this is a shopping or apartment complex, give the name: _____

Were "No Parking" signs posted? ❑ Yes ❑ No

If "Yes", what is the wording on the signs? _____

If "Yes", where were the signs posted? (Check all that apply)

❑ At the entrance to the parking area     ❑ Throughout the parking lot

❑ In front of each parking space     ❑ Other location(s)

Describe "Other location(s)": _____

Tell us what happened (Use additional sheets if needed):

_____

_____

_____

_____

Attach the following items:

❑ Photos     ❑ Copy of Towing Receipt     ❑ Copy of Towing Invoice/Record     ❑ Correspondence