



Georgia Department of Public Safety
 Commercial Vehicle Enforcement
 959 United Ave
 Atlanta, Georgia 30316
 Office: (404) 624-7256
 FAX: 404-624-7246
www.gamccd.net

VEHICLE IMMOBILIZATION COMPLAINT FORM

GA DPS USE ONLY

DATE RECEIVED _____ COMPLAINT # _____
 FORM RECEIVED: PHONE CALL WRITTEN OTHER _____

PARTY FILING COMPLAINT

BOOTING COMPANY

Full Name: _____
 Address: _____
 Apartment: _____
 City, State Zip: _____
 Contact Number: _____

Name: _____
 Location of incident: _____
 Additional Location: _____
 Telephone Number: _____

BOOTED VEHICLE INFORMATION

BOOTING OPERATOR INFORMATION

Year/Make/Model: _____
 Color: _____
 VIN or Tag # (If Available): _____

Name: _____
 Other: _____

Date vehicle was booted: _____
 Address or location vehicle was booted: _____

If this is a shopping or apartment complex, give the name: _____
 Were "Warning" 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 Receipt Copy of Invoice/Record Correspondence