



Georgia Department of Public Safety
 CVE Regulations Compliance
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Non-Consensual Towing Complaint Form

GA DPS USE ONLY

DATE RECEIVED _____	COMPLAINT # _____
FORM RECEIVED: <input type="checkbox"/> PHONE CALL <input type="checkbox"/> WRITTEN	<input type="checkbox"/> OTHER _____

PARTY FILING COMPLAINT

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

TOWING COMPANY

Name: _____
 Impound Location: _____
 Additional Location: _____
 Telephone Number: _____

TOWED VEHICLE INFORMATION

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

TOW TRUCK DRIVER INFORMATION

Name: _____
 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)

<input type="checkbox"/> At the entrance to the parking area	<input type="checkbox"/> Throughout the parking lot
<input type="checkbox"/> In front of each parking space	<input type="checkbox"/> 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