Division of Commercial Licensing and Racing and Athletics

AUTO WRECKING/SALVAGE YARD COMPLAINT FORM

INSTRUCTIONS: Please complete this form and return to the above address if you have reason to believe that a licensee regulated by the department has violated the law. Include any additional paper work to support your complaint.

Complainant’s Name: Last First Middle

Residence Street City/Town State Zip Code

Mailing Address (if different from residence)

Home Telephone Business Telephone & Ext.

Salvage yard about whom you are making complaint: Name & Address

Date, Time and place of alleged violation

Other Federal, State or Local Agencies or Legal Counsel I have contacted regarding this complaint

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Description of complaint (Please supply as much details as possible)

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

Signed ___________________________________________ Date ________________

State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920

Tel: 401-462-9506 Fax: 401-462-9645 TTY: 711 Web Site: www.dbr.ri.gov