



**MISSOURI STATE HIGHWAY PATROL
MVI COMPLAINT RECEIPT**

SHP-516A 4/11

TYPE OF COMPLAINT	DATE RECEIVED	TIME RECEIVED <small>HOURS</small>	COMPLAINT NO. (MVI USE ONLY)
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COMPLAINANT

NAME (LAST, FIRST, MI)	ADDRESS (STREET, RTE, CITY, STATE, ZIP)		
HOME TELEPHONE	BUSINESS TELEPHONE	BEST TIME TO CONTACT	

INSPECTION STATION INVOLVED

NAME OF STATION	STATION NUMBER	STICKER / DECAL NUMBER
NAME (LAST, FIRST, MI) OF INSPECTOR / MECHANIC	I/M NUMBER	APPROVAL /REJECTION NUMBER

VEHICLE INFORMATION

YEAR	MAKE	MODEL	VIN	INSPECTION MILEAGE	REINSPECTION MILEAGE
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WITNESSES

NAME (LAST, FIRST, MI)	HOME TELEPHONE	NAME (LAST, FIRST, MI)	HOME TELEPHONE
NAME (LAST, FIRST, MI)	HOME TELEPHONE	NAME (LAST, FIRST, MI)	HOME TELEPHONE
COMPLAINT RECEIVED <input type="checkbox"/> IN PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER (SPECIFY)		RECEIVED BY (EMPLOYEE TAKING COMPLAINT)	TROOP
LOCATION OF INCIDENT		DATE OCCURRED	TIME OCCURRED <small>HOURS</small>

BRIEF DESCRIPTION OF INCIDENT

WILL COMPLAINANT TESTIFY AT A HEARING? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES COMPLAINANT WISH TO REMAIN ANONYMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMPLAINANT'S AFFIRMATION

I do solemnly swear or affirm that the above information is true to the best of my knowledge. I understand that based on this complaint, an investigation will be conducted and that if substantiated, appropriate action will be taken.

SIGNATURE OF COMPLAINANT

INVESTIGATION ASSIGNED TO	DATE ASSIGNED
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COMPLAINT RESOLVED

IS THE COMPLAINT RESOLVED? YES NO

DESCRIBE RESOLUTION

SENIOR MVI SUPERVISOR SIGNATURE	DATE
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