

Prior to completing a *Statement of Complaint* form, it is highly recommended that you read ALL the information below which will help you understand the Department's functions, roles, and responsibilities.

WHAT WE REGULATE

The Secretary of State, under the authority of Public Act 384 of 2006, is responsible for certifying and regulating all driver education providers and instructors. The Driver Education Provider and Instructor Act [DEPIA, 2006 PA 384] provides the department with the regulatory function of reviewing within or outside this state and gathering evidence against a person that violated, allegedly violated, or is about to violate this act, a rule promulgated under this act, or an order issued under this act, in addition to whether a person, an applicant, a driver education provider, or a driver education instructor is in compliance with this act or a rule promulgated under this act.

The Driver Education Provider and Instructor Act provides clear authority to the Secretary of State to deny, suspend, or revoke a certification if the certificate holder or applicant has not complied with the provisions of the Act. Disciplinary actions may be resolved in an alternative manner to ensure compliance and may include a written warning, probation, administrative fines, or suspension. If compliance cannot be achieved in an alternative agreement, then the Secretary of State may seek formal administrative actions.

WHAT WE CANNOT DO

Since we are not a court of law, there are many items we cannot act upon such as:

- Voiding contracts.
- Awarding damages.
- Act as your attorney.
- Matters involving the internal affairs of a business entity.
- Conducting criminal prosecutions.

If you have further concerns, we suggest you consult with an attorney.

HOW YOU CAN HELP US

Summarize your allegations using these guidelines:

- Tell us **WHAT** happened. Start from the beginning. Be specific as to what was said and who said it.
- Tell us **WHO** was present during these conversations or acts.
- Tell us **WHEN** and **WHERE** these conversations/acts took place.
- Tell us **WHEN** and **WHERE** the money and agreements changed hands.
- Tell us **HOW** you believe that you were taken advantage of.
- Attach photocopies of all documents such as contracts, agreements, certificates, notes, correspondence, legible copies of the front and back of checks involved, prospectus, advertising, etc. Documentary evidence is especially important. **Please do not send originals; we cannot be responsible for their safekeeping and they will not be returned.**
- The Department may ask you to provide other documents later to support your allegations.

WHAT HAPPENS NEXT

- The Department will email you a Received Confirmation letter for receipt of the Statement of Complaint within 5 non-holiday business days after it has been received.
- If the Statement of Complaint alleges violations of the laws and regulations administered by the Department, the Department will investigate.
- If the Department does not have jurisdiction over the matter, you will be notified in writing.

PART A – SUBJECT OF COMPLAINT (Who this complaint is being filed upon.)

<input type="checkbox"/> Person/Applicant <input type="checkbox"/> Certified Driver Education Provider <input type="checkbox"/> Certified Driver Education Instructor		
Name of Person / Applicant / Provider / Instructor		Certificate Number (If known)
Address (Number and Street)		
City	State	Zip Code
Phone Number	Name of Person You Dealt With	

PART B – PLAINTIFF (Person filing the complaint.)

Name (First, Middle, Last)		
Street Address		
City	State	Zip Code
Email Address		Phone Number
Student Name (First, Middle, Last) (If applicable)		

PART C – LOCATION(S) (Where did the alleged violation(s) take place.)

1. <input type="checkbox"/> Teen Segment 1 Classroom	5. <input type="checkbox"/> Adult Segment 1 Classroom	9. <input type="checkbox"/> Truck Classroom
2. <input type="checkbox"/> Teen Segment 1 BTW	6. <input type="checkbox"/> Adult Segment 1 BTW	10. <input type="checkbox"/> Truck BTW
3. <input type="checkbox"/> Teen Segment 1 Range	7. <input type="checkbox"/> Adult BTW	11. <input type="checkbox"/> Other
4. <input type="checkbox"/> Teen Segment 2 Classroom	8. <input type="checkbox"/> Adult Segment 2 Classroom	

PART D – DETAILS OF COMPLAINT

Empty space for details of complaint.

E – CERTIFICATION

- I understand the information provided will not be returned, will be used for investigative purposes, and may be subject to release under the Freedom of Information Act.
- I hereby certify that the statements and information contained within this document are true to the best of my knowledge and belief.

Print Name of Complainant

Signature of Complainant	Date Signed
--------------------------	-------------

This Statement of Complaint and supporting documents can be submitted to our office by:

- Email: drivered@Michigan.gov
- Fax: 517-335-3155
- Mail: Michigan Department of State • Driver Education & Testing Section • 430 West Allegan Street • Lansing, MI 48918

Thank you for contacting the Secretary of State.