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| **INSTRUCTIONS:** Return completed form and any additional documentation or other relevant evidence to one of the addresses below: |
| Kentucky Division of Motor Vehicle Licensing200 Mero Street, 2nd Floor WestFrankfort, KY 40622(502) 564-1257 |  |  | **Email:**  kytcmvlinvestigations@ky.gov |  |  |  |  |  |
| **SECTION 1: COMPLAINANT INFORMATION** (*one who is making the complaint)* **Note:** **This section is optional.** |
| **NAME**       | **EMAIL**      | **DAYTIME PHONE**      | **CELL PHONE**      |
| **ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **SECTION 2: VEHICLE INFORMATION** |
| **VIN #** (*if applicable*)**:** |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |  |  |  |  |  |  |  |  |
| **PLATE #**      | **YEAR**      | **MAKE**      | **MODEL**      |
| **SECTION 3: DEFENDANT INFORMATION** (*one whom complaint is against*) |
| **NAME** (*person, dealership, etc.*)      | **EMAIL**      | **PHONE**      |
| **ADDRESS**      | **CITY**      | **STATE**      | **ZIP**      |
| **SECTION 4: COMPLAINT DETAILS**  |

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