



Virginia Department of Motor Vehicles
 Law Enforcement Division
 Post Office Box 26407, Room 629
 Richmond, Virginia 23261-6407
 www.dmv.virginia.gov

DMV LAW ENFORCEMENT INVESTIGATION REQUEST

Purpose: Use this form to report incidents requiring DMV Law Enforcement attention, such as suspicious activity related to motor vehicles, driver licensing, fuels taxes, motor vehicle dealer transactions, DMV transactions, or property/passenger carrier operations, etc.

Instructions: All fields are not required but please complete as much information as possible. This will assist in the investigation of your complaint. To expedite the process, please submit the completed form and any supporting documentation online. If you are completing the form by hand and the space provided is not sufficient, please feel free to write on the back of the form or attach an extra page. To submit completed form: (1) Save it electronically and submit online at <https://www.dmv.virginia.gov/policies-regulations/law-enforcement-division#contact>; or (2) mail it to the address shown above. If you have questions, please call (804) 367-1678 or (804) 367-1997.

NOTE: All complaints are reviewed by DMV law enforcement. Some investigations are complex and can take several weeks or months to resolve.

COMPLAINANT INFORMATION			
NAME (first, middle, last)		DMV CUSTOMER NUMBER	
STREET ADDRESS		CITY/TOWN	STATE
			ZIP CODE
MAY A DMV LAW ENFORCEMENT AGENT CONTACT YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO (Checking no may impede a successful investigation of your complaint.)			
HOW DO YOU WANT TO BE CONTACTED? <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> EITHER			
RESIDENCE PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	

IF CRIMINAL CHARGES ARE WARRANTED, ARE YOU WILLING TO COOPERATE AND BE A WITNESS FOR COURT APPEARANCES? YES NO

CHECK THE BOX IF THE COMPLAINANT IS ALSO THE VICTIM.

VICTIM INFORMATION (If other than reporting individual)			
NAME (first, middle, last)		DMV CUSTOMER NUMBER	
STREET ADDRESS		CITY/TOWN	STATE
			ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER	

VEHICLE INFORMATION (if applicable)						
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)		TITLE NUMBER	
VEHICLE COLOR	PRIMARY	SECONDARY	PLATE NUMBER	STATE OF ISSUE	MILEAGE	PURCHASE DATE (mm/dd/yyyy)

SUSPECT/OFFENDER INFORMATION			
SUSPECT/OFFENDER NAME			
STREET ADDRESS		CITY/TOWN	STATE
			ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER	

