



## Transportation Enforcement Complaint Form

Please note: As a result of handling your complaint, all documents that you send to this agency are subject to the Ohio Public Records Act. This means that this complaint form, as well as any attached documentation will be considered "public record", and as such will be available for inspection by anyone, upon request.

### Complaint Policy

To expeditiously investigate timely, non-frivolous complaints that allege violations of regulations administered by the PUCO Transportation Enforcement Division, as well as the Federal Motor Carrier Safety Administration (FMCSA) Regulations.

### Complaint

A written statement alleging that a violation has occurred within the preceding 60 days which could result, or has resulted in serious personal injury or death.

Information from the Complainant			
First Name	M.I.	Last Name	
Street Address			
City:		State:	Zip:
Phone:	Business Phone:		
Information for Whom the Complaint is Against			
Name:			
Street Address:			
City:		State:	Zip:
Alleged Violations			
<input type="checkbox"/> Beyond Hours of Service	<input type="checkbox"/> Leaking HM Packages		
<input type="checkbox"/> False Logs	<input type="checkbox"/> Improper HM Shipping Papers		
<input type="checkbox"/> DQ Files	<input type="checkbox"/> HM Packages Improper (not Specs)		
<input type="checkbox"/> Faulty Equipment	<input type="checkbox"/> Failure to Register (intrastate)		
<input type="checkbox"/> No Drug Testing	<input type="checkbox"/> Failure to Placard		
<input type="checkbox"/> Using Drugs	<input type="checkbox"/> No HazMat Training		
<input type="checkbox"/> No Authority (buses / HHG)	<input type="checkbox"/> HHG Violation		
Have you contacted any other agency about your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please list agency here:			

## Description of Complaint

Please describe your complaint here. Please be as brief and as complete as possible.

I hereby certify that the above information to be true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach any supporting documentation.

Please be aware that you may be contacted by a PUCO Investigator for additional documentation or factual information before your complaint can be completely processed.

**Please mail or fax this form to:**

PUCO Transportation Department  
Enforcement Division  
180 E. Broad Street, 5th Floor  
Columbus, OH 43215  
Fax: (614) 728-2133

If you have any questions, please call the PUCO Truck, Bus & Rail Safety Hotline at (800) 686-8277.