Possible Misuse of ACIC Complaint

REQUESTOR INFORMATION (Required)			
Todays Date:			
Reporting Persons Name (Last, First, Middle Initial):			
Cell Phone Number:		**Alternate Number:**	
Email Address:			
Mailing Address :		**Physical Address:**	
City :	**State:**	**City:**	**State:**

Give specific details or facts regarding the possible misuse of the ACIC System. (Required)

The possible misuse occurred between what dates? (Required) _____ to _____

Month/Day/Year Month/Day/Year

Complainant(s) (Required)				
Complainant 1	NAME:	Date of Birth:	RACE:	SEX:
	Driver's License Number:	Other Identification Number:		
Complainant 2	NAME:	Date of Birth:	RACE:	SEX:
	Driver's License Number:	Other Identification Number:		

Complainants Vehicle(S)		
Vehicle 1	License Plate:	License State:
	VIN:	
	Vehicle Make:	Vehicle Model:
	Vehicle Year or Year Range:	Vehicle Color(s):
Vehicle 2	License Plate:	License State:
	VIN:	
	Vehicle Make:	Vehicle Model:
	Vehicle Year or Year Range:	Vehicle Color(s):

Suspects Name(s)

By sending this form to ACIC, I certify that the information above is true and correct to the best of my knowledge and beliefs.

Contact ACIC.misuse.investigations@dps.arkansas.gov with questions.

Return the completed for to ACIC.misuse.investigations@dps.arkansas.gov or click SUBMIT.