

# Complaint Form for Possible Misuse of ACIC

<b>REQUESTOR INFORMATION (Required)</b>				
Today's 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 _____ <div style="text-align: center; font-size: small;"> <span>Month/Day/Year</span> <span style="margin-left: 150px;">Month/Day/Year</span> </div>				
<b>Complainant(s) (Required)</b>				
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:	
<b>Complainants Vehicle(S)</b>				
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):	
<b>Suspects Name(s)</b>				

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 [misuse.investigations@acic.arkansas.gov](mailto:misuse.investigations@acic.arkansas.gov) with questions.

Return the completed for to [misuse.investigations@acic.arkansas.gov](mailto:misuse.investigations@acic.arkansas.gov) or click **SUBMIT**.