Possible Misuse of ACIC Complaint

Todays Date: Reporting Persons Name (Last, First, Middle Initial)	REQUESTOR INFORMATION (Required)							
Cell Phone Number: Email Address: Mailing Address: City: State: City: State: City: State: Sive specific details or facts regarding the possible misuse of the ACIC System. (Required) The possible misuse occurred between what dates? (Required) The possible misuse occu	Todays Date:							
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The possible misuse occurred between what dates? (Required) Complainant(s) (Required) Date of Birth: Diver is License Ramber: UNIX. Vehicle Make: Vehic	City	<i>r</i> :	State:	City:	State:			
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By sending this form to ACIC, I certify that the information above is true and correct to the best of my knowledge and beliefs.

 $\textbf{Contact}~ \underline{\textbf{ACIC.misuse.investigations@dps.arkansas.gov}}~ with~ questions.$

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