

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 _____ <div style="text-align: center; font-size: small;"> Month/Day/Year Month/Day/Year </div>					
Complainant(s) (Required)					
Complainant 1	NAME:		Date of Birth:		RACE:
	Driver's License Number:		Other Identification Number:		
Complainant 2	NAME:		Date of Birth:		RACE:
	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**.