

COMPLAINT GUIDELINES

The Office of Freight and Commercial Vehicle Operations (OFCVO) primary responsibility is the credentialing and the regulation of motor carriers operating **within** the state of Minnesota (intrastate commerce). The office is credentials to and regulates various types of carriers to include; property and household goods transporters, passenger carriers that includes special transportation services (STS), limousine and motor carriers of passengers. If your complaint involves any form of intrastate commerce, please register your complaint with MnDOT OFCVO. Please contact us via phone at 651-366-3661 or fax at 651-366-3721. Complaint forms can be submitted to Minnesota Department of Transportation, Office of Freight and Commercial Vehicle Operations, Attn. Passenger Enforcement Supervisor, 395 John Ireland Boulevard, MS 470, Room 120, St. Paul, MN 55155

If your complaint involves any form of transportation **between** states (interstate commerce) and drivers/vehicles operating as such, please direct your complaint to the Federal Motor Carrier Safety Administration's office in Minnesota at (651) 291-6150, or go online to register your complaint at: <http://nccdb.fmcsa.dot.gov>

Incidents or violations occurring on the highways of Minnesota should be reported to the Minnesota State Patrol, or the local law enforcement agency. Examples include rocks breaking windshields, improper driving actions, etc. The general phone number for the Minnesota State Patrols is: (651) 251-7100, or you may register a complaint online at <https://dps.mn.gov/divisions/msp/contact/Pages/report-unsafe-driving.aspx>

If you are uncertain of the appropriate agency to contact, please call (651) 215-6330 for assistance.

COMPLAINT FORM

Please type or print. Provide as much information as possible.

Your complaint is against (**Respondent**):

(Company Name)

(Address)

(City, State, Zip)

(Phone: area code and number)

Your name (**Complainant**):

(Name)

(Address)

(City, State, Zip)

(Phone: area code and number)

(Best time to contact you)

Respondent identifier(s): List as many as possible (e.g., license #, unit #, MC #, US DOT #, MnDOT #, etc.)

Complainant classification:

Shipper Consignee Motor Carrier

Employee Other

PLEASE PROVIDE A CONCISE, FACTUAL STATEMENT OF WHAT YOU OBSERVED. BE AS SPECIFIC AS POSSIBLE. INCLUDE DATES, TIMES AND LOCATION OF ALLEGED VIOLATION(S). IF POSSIBLE, INCLUDE COPIES OF RELEVANT DOCUMENTS.

(Attach additional sheets if necessary)

Are you involved in litigation concerning this matter? NO YES

What is your relationship with the respondent, if any? _____

I understand that my identity will be kept confidential as provided under Minnesota's Data Practices Act and that this complaint will be considered whether or not this form is fully completed or signed.

(Your Signature)

(Date)

TENNESSEN WARNING

In submitting a complaint against a motor carrier, shipper, consignee, or an employee, you are being asked to supply personal information about yourself. Specifically, you are asked to provide the Minnesota Department of Transportation (MnDOT) with your name, address, and telephone number.

Minnesota statutes, section 13.72, subd. 6 classifies this information as confidential data. Confidential data is data that cannot be released to either the public or the subject of the data.

For your protection, prior to supplying us with this information, we are required to give you the following information regarding your participation in this investigation and your right to privacy:

Your personal information is only to be used to assist our office in processing your complaint and to assist us with the subsequent investigation. The only persons who will have access to this information is staff from the Minnesota Department of Transportation who work on this investigation. If the complaint involves an interstate carrier/shipper, the information may be supplied to employees of the United States Department of Transportation who may be involved in the investigation.

You are not required by law to provide the data that our office is requesting and you may refuse to supply the data. However, the complaint cannot be considered if you do not provide our office with your name and some way to contact you as we may need further information to process the complaint.

I have read and understand the above information regarding my rights as a subject of government data.

Date

Signature