

INSPECTION STATION COMPLAINT/REPORT

Station Name _____ Number _____
Address _____

Origin of Complaint _____ Address _____

Date Complainant Contacted _____ Time _____ Phone No. _____

Vehicle Make _____ Model _____ Year _____ VIN _____

License No. _____ State _____ Sticker No. _____

Inspection Date _____ Time _____ Inspector _____ SSN _____

Mileage When Inspected _____ Now _____ Miles Driven _____

Narrative:

Recommendation _____

_____ Employee _____ Date _____

Action Taken _____

Approved:

Area Supervisor _____ Date _____

Hq. Lt./Div. _____ Date _____

Entered in VCIN/NCIC Yes: _____ No: _____

Employee _____ Date _____