

Please Mail or Bring this form to the address:

AUTO PLUS TOWING
733 KEVIN COURT
OAKLAND, CA 94621-4039

COMPLAINANT INFORMATION

Complainant's LAST Name, First, Middle		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address <input type="checkbox"/> Oakland Zip	City	Contact Phone ()	Work Phone ()

LOCATION INFORMATION

Location of Occurrence	Day	Date of Incident	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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VEHICLE INFORMATION

Vehicle License # or VIN #	STATE	Vehicle Make	Vehicle Model	# of Doors	Color(s)
Registered Owner's Name <input type="checkbox"/> Same as Complainant				Tow Tag #	
Registered Owner's Address (Street, City, Zip) <input type="checkbox"/> Same as Complainant			Contact Phone ()	Work Phone ()	

SUMMARY OF COMPLAINT (For complaints regarding OPD personnel use Complaint Form TF-3039b. DO NOT INCLUDE ON THIS FORM)

- Tow Truck Driver conduct (Driver and/or Company Name, if known) _____
- Employee conduct (Name and/or position if known) _____
- Damage to vehicle
- Missing parts or property
- Other _____

Brief Narrative Using Own Words. *If you need more space, use an additional sheet of paper.*

What would you like as a result of this complaint? *If you need more space, use an additional sheet of paper.*

I have read and understood this statement, which I have made of my own free will, and the facts contained therein are true and correct to the best of my knowledge.

Complainant's Signature X _____ Date _____

Person Receiving Complaint Form (PRINT NAME)	Serial	Unit of Assignment	Date Taken	Time
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