

Customer Service Incident Report

## Fax completed form to 651-797-1252 or email to: [DVS.Customer-incident@state.mn.us](mailto:DVS.Customer-incident@state.mn.us)

Date

Submited by: Office/Work Area

Phone or email:

# Type of Incident - Please check one and explain below

Misinformation

Information on Form Misleading

Inappropriate Referral

Other

## Write a brief description of incident below.

Date of Incident :

## Customer obtained information by (please check one)

by Phone

Phone number that customer called from:

In Person Where:

# Customer Contact Information (Optional)

If the customer would like a DVS representative to contact them please provide information below.

Customer Name

Contact Information

Best time to contact customer between 8 -4:30 M-F

Print Form

DVSM-20

Minnesota Department of Public Safety. \* Driver and Vehicle Services \* 445 Minnesota Street \* St. Paul, MN