STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

MISUSE OF RECORD INFORMATION COMPLAINT

Instructions for filing a Misuse Complaint:

The Misuse of Record Information Complaint (INF 1164) form is used to register a complaint regarding inappropriate **inquiry (unauthorized access), update (changing, adding or deleting information),** or **disclosure (release to an unauthorized person or entity)** of your department record information, including driver's license/identification card or vehicle/vessel registration information.

A Misuse Complaint **includes** any alleged inappropriate inquiry, update, or disclosure of department record information.

A Misuse Complaint **does not include**:

1. Alleged or actual computer network security breach (hacker incident).
2. Any complaint of inappropriate conduct by an Occupational Licensee (OL) or identity theft/fraud issues that should be completed on Department form INV 172A and forwarded to the appropriate Investigations Office.

If you feel that your department record information has been accessed, updated, or disclosed inappropriately, please complete INF 1164 providing as much details as available.

To help explain the details of your complaint, you must supply photocopies of those documents related to your complaint, if available. Failure to provide details or sending your complaint to the wrong address may delay its processing. **Do not send original documents.**

NOTE: All complaints will be investigated; however, any inquiries that were made by law enforcement for an ongoing investigation will not be disclosed.

Mail the completed complaint and copies of supporting documents to the Department of Motor Vehicles at the appropriate address provided below:

Alleged Misuse of Department Record Information	By	Mail Your Completed Complaint Form and Supporting Documentation To
• Update, inquiry, or disclosure	• A DMV Employee	Investigations Division Office of Internal Affairs Mail Station T197 P.O. Box 825389 Sacramento, CA 94232-3890
• Update	• Other government entities including law enforcement, a court, tax assessor or collector, public toll road or public parking agency	Policy Division Information Policy and Liaison Branch Mail Station H171 P.O. Box 932345 Sacramento, CA 94232-3450
• Update, inquiry, or disclosure	• American Automobile of Northern California, Nevada and Utah (AAA NCNU) • Automobile Club of Southern California (ACSC) • California State Automobile Association (CSAA) Insurance Group • National Automobile Club	Policy Division Auto Club Administrator Mail Station C383 P.O. Box 825393 Sacramento, CA 94232-5393
• Update or disclosure	• A Business Partner • Electronic Lien and Title or Service Provider – Registration Service	Policy Division Business Partner Administrator Mail Station C383 P.O. Box 825393 Sacramento, CA 94232-5393
• Inquiry or disclosure	• Any other misuse complaint • An external entity such as insurance company, financial institution, attorney, etc.	Policy Division Information Policy and Liaison Branch Mail Station H225 P.O. Box 942890 Sacramento, CA 94290-0890

Print Clear Form

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I have reason to believe that inappropriate inquiry, update, or disclosure of my driver's license/identification card and/or vehicle/vessel registration information has occurred. I wish to file a complaint against the person or business named below.

SECTION 1 — COMPLAINANT

NAME

DRIVER'S LICENSE/IDENTIFICATION NUMBER

RESIDENCE ADDRESS

APARTMENT NUMBER

DAYTIME TELEPHONE NUMBER
( )

CITY

STATE

ZIP CODE

EMAIL ADDRESS

SECTION 2 — COMPLAINT AGAINST

NAME

DATE(S) ALLEGED MISUSE OCCURRED

BUSINESS NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER
( )

DID YOU COMPLAIN TO THE PERSON/BUSINESS

☐ Yes ☐ No

IF YES, LIST PERSON CONTACTED/TELEPHONE NUMBER

CONTACTED PERSON'S RESPONSE

SECTION 3 — EXPLANATION OF COMPLAINT *(Please print or type.)*

Describe what happened. Include the driver's license and/or vehicle license number(s) about which the information was requested. (***Attach copies of relevant documents or additional sheets, if necessary.***) Be as specific as possible. Include how you became aware of this violation.

SECTION 4 — CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the information provided is true and accurate. I am aware that as a result of the DMV investigation, only criminal or administrative action against the business and/or individual will result. Any monetary judgment or award to me or other victims must be pursued (by me) in a civil claim. I further understand that information provided on this form is open to public inspection and may be subject to future release including, but not limited to, the business or individual against whom the complaint was filed. Confidential information such as telephone numbers, residence address, and DL/ID numbers will be removed prior to release.

SIGNATURE
X

DATE

Please see instructions for appropriate mailing address.

Print Clear Form