

RACE TRACK COMPLAINT FORM
R-234 REV. 7-2001

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
COMMERCIAL VEHICLE SAFETY DIVISION
RACE TRACK UNIT
On The Web At <http://dmvct.org>



INSTRUCTIONS:

1. Complete this form and mail to address below.
2. Attach additional sheets, if necessary.

TO: State of Connecticut, DMV, Commercial Vehicle Safety Division, Race Track Unit, 60 State Street, Wethersfield, CT 06161

RACE TRACK INFORMATION	NAME OF RACE TRACK			
	LOCATION OF RACE TRACK (Number and Street)		(City or Town)	(State) (Zip Code)
	NAME OF INSPECTOR ISSUING THIS FORM	TIME:	DATE	BADGE NUMBER

PERSONAL INFORMATION	YOUR NAME		TELEPHONE NUMBER	
	ADDRESS (Number and Street)		(City or Town)	(State) (Zip Code)

NATURE OF COMPLAINT (Please Check)

UNSAFE EVENT VEHICLE OTHER (Specify) _____

HAZARD IN SPECTATOR AREA _____

HAZARD ON RACE TRACK _____

HAZARD IN PIT AREA _____

BRIEFLY DESCRIBE COMPLAINT (Include dates, names, and addresses of all parties involved)

I declare that the statements made by me on this form are true and complete to the best of my knowledge and belief.	SIGNATURE OF COMPLAINANT		
	Subscribed and sworn to before me:	DATE	SIGNED (Notary Public, Justice of Peace, or Commissioner of Superior Court)