

Victorian Accident tow truck complaint form

Details for investigation

Date of incident	D	D	M	M	Y	Y	Y	Y	Time of incident
Driver authority no.									Tow truck registration no.
Place of pick up									Place of drop off
Booked	<input type="radio"/> Yes	<input type="radio"/> No							Tow truck company

Your details

Surname	
Given name(s)	
Home address	Postcode
Contact phone number (mobile preferred)	

Would you be prepared to attend court if necessary? Yes No

Description of incident *(If there is insufficient space, please attach additional sheet)*

Your signature

<div style="border: 1px solid #ccc; height: 25px;"></div>	Date	D	D	M	M	Y	Y	Y	Y
---	------	---	---	---	---	---	---	---	---

Please mail the complaint to

The Department of Transport and Planning – Accident Towing
GPO Box 2392
Melbourne VIC 3001

or email it to: accidenttowing@transport.vic.gov.au