

STATE OF KANSAS

DIVISION OF VEHICLES
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TOPEKA KS 66601-2188



DEPARTMENT OF REVENUE
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GOVERNOR JEFF COLYER, M.D.
SAMUEL M. WILLIAMS, SECRETARY

Report alleged Fraud in the Driver's License Organization

This form is intended for reporting alleged fraud within the DL Organization. It is not intended for making a theft of identity report. If you feel your identity has been compromised, please contact your local law enforcement and make a report.

In what driver's license office did the alleged Fraud take place?

City _____

County _____

Approximately what date?

Date _____

Please provide a description of what you personally witnessed or encountered:

Your Name _____

Your Phone _____

Your E-mail _____

Please use the "Submit by E-mail" button at the top of this form to send it in to the Driver's License Manager's Office. If you choose to you can Print Form and mail it in. Our mailing address is:

Driver's License Manager
PO Box 2188
Topeka, KS 66601-2188