Secretary of State

Parking Program for Persons with Disabilities Abuse Complaint Form

Secretary of State
Vehicle Services Department
Special Plates Division
41 W. 162nd St.
South Holland, IL 60473
www.cyberdriveillinois.com

Please complete this form to report alleged misuse or abuse of the Parking Program for Persons with Disabilities. The Secretary of State's office requires the complaint to be based on facts rather than suspicions. Remember that not all disabilities are apparent nor does every individual with a disability use a mobility device such as a cane, walker or wheelchair. Never confront any person you think may be abusing the program. If the situation requires immediate attention, please call your local police department.

If mailing this form, please use the address at left.

Please check applicable box(s):

Misuse/Abuse of:

❒ Accessible Parking Spaces
❒ Disability License Plates
❒ Parking Placard

Parking Placard Number (if applicable): _____

Vehicle Illinois License Plates Number: _____

Disability Illinois License Plates Number (if applicable): _____

Date, Time, Location of the misuse/abuse: (address, city/town) _____

_____

Briefly describe why you believe the person(s) is misusing/abusing the Parking Program for Persons with Disabilities:

_____

_____

I hereby state that the information provide herein is true and correct to the best of my knowledge and belief. I submit this complaint as part of my request that the Illinois Secretary of State conduct an investigation based on these facts. I understand that I may be called upon to testify in criminal proceedings as a complaining witness. I also understand that any false statements may be subject to prosecution under perjury, false report or civil statutes. Under penalty of perjury the undersigned swears that the facts contained on this document are within their personal knowledge and are true and correct.

_____ Signature

_____ Printed Name

FOR OFFICE USE ONLY

Name of staff member addressing the complaint: _____ Date: _____

Complaint found to be valid: ❒ Yes ❒ No

Action taken: ❒ Letter to vehicle owner ❒ Letter to disability plate/placard holder

❒ Letter to certifying physician ❒ Revocation of disability plate/placard

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