

STATEMENT OF COMPLAINT

COMPLAINANT: The Department has jurisdiction in only certain matters involving consumers and licensees in the areas listed below. If the Department has jurisdiction over your allegations, an investigation will be conducted for possible licensing action by the Department. Your individual remedies should be pursued in the civil courts.

THE COMPLAINT IS AGAINST	INFORMATION ABOUT YOU
Name of Licensee (Company) <input style="width: 95%;" type="text"/>	Name <input style="width: 95%;" type="text"/>
Address (Number and Street) <input style="width: 95%;" type="text"/>	Address (Number and Street) <input style="width: 95%;" type="text"/>
City, State <input style="width: 60%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/>	City, State <input style="width: 60%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/>
Telephone Number <input style="width: 95%;" type="text"/>	Telephone Number <input style="width: 95%;" type="text"/>
Name of Person You Dealt With <input style="width: 75%;" type="text"/>	E-mail address <input style="width: 95%;" type="text"/>
License Number (If known) <input style="width: 75%;" type="text"/>	Are you willing to testify in a hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate which of the following the complaint is against:

- | | |
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| <ul style="list-style-type: none"> Alarm System Contractor Alarm System Provider Carnival/Amusement Ride Cemetery (Private) Forensic Polygraph Examiner Investment & Securities Mortuary Science Professional Investigator | <ul style="list-style-type: none"> Proprietary Schools Pre-Paid Funeral Contract Seller/Provider Professional Employer Organization Security Guard Agency Ski Area Transportation Company Unarmed Combat Vehicle Protection Product Warrantor |
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* Attach a brief detail of the allegations.

* Attach copies of all documents such as contracts, agreements, certificates, notes, correspondence, legible copies of the front and back of checks involved, prospectus, advertising, plans or specifications, etc. Please do not send originals; we cannot be responsible for their safekeeping and they will not be returned.

*The Department may ask you to provide other documents at a later date to support the allegations.

I understand the information provided will not be returned, will be used for investigative purposes, and may be subject to release under the Freedom of Information Act.	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<i>SIGNATURE</i>	<i>DATE</i>