Corporations, Securities & Commercial Licensing
P.O. Box 30018, Lansing, MI 48909
517-241-7000
cscl-complaints@michigan.gov

LARA
LICENSING AND REGULATORY AFFAIRS

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/Individual)			Name		
Address (Number and Street)			Address (Number and Street)		
City	State	Zip Code	City	State	Zip Code
Telephone Number			Telephone Number		
Name of Person You Dealt With			E-mail address		
License Number (If known)			Are you willing to testify in a hearing? ☐ Yes ☐ No		

Indicate which of the following the complaint is against:

- ☐ Cemetery (Private)
- ☐ Deceased Removal and Refrigeration
- ☐ Forensic Polygraph Examiner
- ☐ Investment & Securities
- ☐ Mortuary Science
- ☐ Pre-Paid Funeral Contract Seller/Provider
- ☐ Professional Employer Organization
- ☐ Professional Investigator
- ☐ Security Alarm Contractors
- ☐ Security Alarms Systems Registration
- ☐ Security Guard Agency
- ☐ Transportation Company
- ☐ Unarmed Combat
- ☐ Vehicle Protection Product Warrantor

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 wish to file this complaint anonymously. It is my understanding that by doing this, I will not receive any correspondence or communication regarding the complaint. **Any documents and personal information submitted with this complaint may be provided to the respondent as part of the investigative process.**

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. Any documents and personal information submitted with this complaint may be provided to the respondent as part of the investigative process.

SIGNATURE *DATE*