

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:

- | | |
|---|--------------------------------------|
| Cemetery (Private) | Postsecondary Schools |
| Forensic Polygraph Examiner | Security Alarm Contractors |
| Investment & Securities | Security Alarms Systems Registration |
| Mortuary Science | Security Guard Agency |
| Pre-Paid Funeral Contract Seller/Provider | Transportation Company |
| Professional Employer Organization | Unarmed Combat |
| Professional Investigator | 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 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.

SIGNATURE

DATE