

STATEMENT OF COMPLAINT

INSTRUCTIONS TO THE COMPLAINANT: Please type or print legibly in ink. Read both sides of this form carefully before completing. Be sure to sign and date the back of this form. This Division has jurisdiction in only certain matters involving consumers and licensees in the area of occupational professions. It is suggested that you first contact the person or firm about which you have a complaint to see if the matter can be settled. If this has been unsuccessful, you may want to consult an attorney to determine your civil options, file an action in Small Claims Court, or contact your Prosecutor. These may be done in conjunction with or instead of filing a complaint with this Department.

YOUR COMPLAINT IS AGAINST	INFORMATION ABOUT YOU
1. Name of Licensee (Company)	7. Name
2. Address (Number and Street)	8. Address (Number and Street)
3. City, State Zip Code	9. City, State Zip Code
4. Telephone Number ()	10. Telephone Number Day () Evening ()
5. Name of Person You Dealt With	11. Are you willing to testify in a hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. License Number (If known)	12. Mediation may be available to quickly resolve the complaint. Are you willing to meet with a Department conferee and the licensee to mediate the complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No

13. Here is a list of the professions we regulate. Indicate which profession your complaint is against.

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| <input type="checkbox"/> Alarm System Contractors | <input type="checkbox"/> Cosmetology School/Shop | <input type="checkbox"/> Mortician or Funeral Home |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Electrologist/Manicurist | <input type="checkbox"/> Ocularists |
| <input type="checkbox"/> Auctioneers | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Pre-Paid Funerals |
| <input type="checkbox"/> Barber/Barber Shop | <input type="checkbox"/> Engineer | <input type="checkbox"/> Professional Investigators |
| <input type="checkbox"/> Unarmed Combat | <input type="checkbox"/> Forester | <input type="checkbox"/> Polygraph Examiner |
| <input type="checkbox"/> Carnival Ride | <input type="checkbox"/> Hearing Aid Dealer | <input type="checkbox"/> Real Estate Agent/Company |
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Immigration Clerical Assistants | <input type="checkbox"/> Real Estate Appraiser |
| <input type="checkbox"/> Collection Agency | <input type="checkbox"/> Interior Designers | <input type="checkbox"/> Security Guard Agencies |
| <input type="checkbox"/> Community Planner | <input type="checkbox"/> Land Sales | <input type="checkbox"/> Ski Area |
| <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Vehicle Protection Warranty |
| <input type="checkbox"/> CPA/CPA Firm | <input type="checkbox"/> Landscape Architect | |

14. Have you contacted the above named person or company in writing about your complaint? Yes No

If yes, what was the result? _____

15. Did you file a claim with any other agency, or start civil or criminal action? Yes No

If yes, where? _____ Case Number _____

What is the current status of that claim? _____

16. What do you want the person or company named above to do to resolve the complaint?

