



**DIVISION OF PROFESSIONAL LICENSURE
OFFICE OF INVESTIGATIONS
Application for Complaint**

617-727-7406
www.mass.gov/dpl

Date Received (stamp):

Entered into the Database (Date): ____/____/____ **Docket #:** _____ - _____ - _____

Acknowledgement letter sent (Date): ____/____/____ **Signature:** _____

Please complete this form as fully as possible. (PLEASE DO NOT WRITE ABOVE LINE.) Please type or print legibly in ink.
SUBMITTED BY:

Name: _____
Last Name First Name M.I.

Address: _____
Number Street Daytime Phone

City State Zip Code Evening Phone

Best way to reach you: Evening Phone Daytime Phone E-mail: _____

LICENSEE SEEKING COMPLAINT AGAINST (use separate form for each licensed individual/business):

Name: _____
Last Name First Name M.I.

Address: _____
Number Street Daytime Phone

City State Zip Code License Number/Type Class

Business Name

Business Address Daytime Phone

City State Zip Code Business License # / Type Class

Please check the trade or profession that this application for complaint pertains to

- | | | |
|---|--|--|
| _____ Accountant | _____ Gas Fitter | _____ Occupational Therapist |
| _____ Aesthetician | _____ Hair Salon | _____ Optometrist |
| _____ Architect | _____ Hair Stylist | _____ Physical Therapist |
| _____ Athletic Trainer | _____ Health Officer | _____ Plumber |
| _____ Audiologist/Speech Language Pathologist | _____ Hearing Aid/Instrument Specialist | _____ Podiatrist |
| _____ Barber | _____ Home Inspector | _____ Psychologist |
| _____ Barber Shop | _____ Land Surveyor | _____ Radio/TV Technician |
| _____ Chiropractor | _____ Landscape Architect | _____ Real Estate Agent/Broker/Salesperson |
| _____ Dietitian/Nutritionist | _____ Manicure Salon | _____ Real Estate Appraiser |
| _____ Dispensing Optician | _____ Manicurist | _____ Rehab Counselor |
| _____ Drinking Water Operator | _____ Marriage & Family Therapist | _____ Sanitarian |
| _____ Electrician | _____ Massage Therapist | _____ Sheet Metal Worker |
| _____ Electrologist | _____ Mental Health Counselor | _____ Social Worker |
| _____ Engineer | _____ Occupational School | _____ Veterinarian |
| _____ Fire / Burglar Alarm Installer | _____ Occupational School Sales Representative | |
| _____ Funeral Director | | |

