



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

