THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4600 | TTY: 617-660-4606 | FAX: 617-660-4613
mass.gov/cjis

COMPLAINT FORM

Criminal Offender Record Information Regulatory Violations

Complaint Type: CORI Regulatory Violations

Agency/Organization:Organization: _____

Name: _____ _____ _____

Title Last First

_____ _____

Middle Suffix

Current Address: _____ Apt/Unit: _____ City: _____

State: _____ Country: _____ Zip Code: _____

Former Address _____ Apt/Unit _____ City _____

State: _____ Country: _____ Zip Code: _____

Phone Number 1: _____ Phone Number 2: _____

E-mail: _____ E-mail: _____

Date of Birth: _____ _____ _____ Social Security Number: _____

Month Day Year

Names Previously Used:

_____

First Middle Last Suffix

_____

First Middle Last Suffix

_____

First Middle Last Suffix

Description of Complaint

1. List the names and contact information for the organization you allege has violated the CORI statute or regulations.*

2. List the name and contact information for the individual(s) that you allege has violated the CORI statute or regulations.*

3. If known, please cite which part(s) of the CORI statute or regulation you allege has been violated.*

4. In as much detail as possible, please describe the alleged violation(s). Include in your description all circumstances that are relevant to this complaint.*

5. State whether your are, or ever were, a party to any civil or criminal action, or action filed with an administrative agency, related to the allegations contained in your complaint. If so, please list the parties involved, the nature and status of the civil, criminal, or administrative agency action, the court or administrative agency in which this action was filed, and the reference or docket number.*

6. List the name and contact information for any individual(s) that has information that may support this complaint.*

By signing below, I attest that the information provided in this complaint, and in support thereof, is true to the best of my knowledge.

Signed under the penalties of perjury.

Name	Signature	Date

Attach/Include Files

1. Please attach/include any documentation or correspondence you may have to support your complaint.

2. Please attach/include a legible copy of Government-issued, photo identification.

Submit Complaint

This completed complaint form and all required and available supporting documentation must be mailed to the following:

Massachusetts Department of Criminal Justice Information Services
ATTN: Legal Department
200 Arlington Street, Suite 2200, Chelsea MA 02150