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


Page 1 of 2
Description of the incident(s):

Briefly describe the incident(s) that led to your application for complaint and note the times and dates that events occurred. List the names of all individuals involved. Please attach additional pages if needed.

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

(Please use a separate sheet if necessary. Do not write in the margins.)

Additional information or materials attached  ☐ Yes  ☐ No

To speed up the application for complaint process, submit legible copies (not the originals) of all relative documents supporting your application (e.g. contracts, medical records, cancelled checks, etc.). You will receive an acknowledgement letter notifying you if a complaint is issued based on your application. If a complaint is not issued, you will receive information on additional resources that may be available to you.

AUTHORIZATION FOR RELEASE OF RECORDS AND FORM REFERRAL

My signature to this form, or a photocopy thereof, authorizes the Division of Professional Licensure to: (1) receive copies of all medical, dental and mental health records relating to my application for complaint, and (2) to refer my application for complaint to other appropriate law enforcement authorities to investigate and/or prosecute.

Please note that all applications for complaints are examined to determine their factual basis. The act of filing an application for complaint does not assure or imply that disciplinary action will be taken against the licensee.

I attest that the information provided is true, correct and complete to the best of my knowledge.

_________________________________________________________________________________________

Mail this form to:
Division of Professional Licensure, Office of Investigations
1000 Washington Street, Suite 710
Boston, MA 02118