



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:

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

Month

Day

Year

Social Security Number

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 you 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

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.

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

Masachusetts Department of Criminal Justice Information Services

Attn: Legal Department

200 Arlington Street, Suite 2200, Chelsea, MA 02150

icori.info@mass.gov