



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

617-701-8756

<https://www.mass.gov/orgs/division-of-occupational-licensure>

**Date Received:**

**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 Phone

\_\_\_\_\_  
City State Zip Code Alternate Phone

E-mail: \_\_\_\_\_

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

Name:

\_\_\_\_\_  
Last Name First Name M.I.

Address:

\_\_\_\_\_  
Number Street Phone

\_\_\_\_\_  
City State Zip Code License Number/Type Class (if known)

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address Phone

\_\_\_\_\_  
City State Zip Code Business License # (if applicable/known)

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

_____ Accountant	_____ Electrician	_____ Manicurist
_____ Aesthetician	_____ Electrology/Laser Hair	_____ Marriage & Family Therapist
_____ Aesthetic Shop	_____ Removal	_____ Massage Therapy
_____ Applied Behavior Analyst	_____ Engineer	_____ Mental Health Counselor
_____ Architect	_____ Fire/Burglar Alarm Installer	_____ Occupational School
_____ Athletic Trainer	_____ Funeral Director/Home	_____ Occupational School Sales
_____ Audiologist/Speech Language	_____ Gas Fitter	_____ Representative Occupational
_____ Pathologist	_____ Hair Salon	_____ Therapist Optometrist
_____ Barber	_____ Hair Stylist	_____ Physical Therapist Plumber
_____ Barber Shop	_____ Health Officer	_____ Podiatrist
_____ Barber School	_____ Hearing Instrument Specialist	_____ Psychologist
_____ Chiropractor	_____ Home Inspector	_____ Real Estate Agent/
_____ Cosmetology School	_____ Land Surveyor	_____ Broker/Salesperson
_____ Dietitian/Nutritionist	_____ Landscape Architect	
_____ Dispensing Optician	_____ Manicure Salon	
_____ Drinking Water		

_____	Real Estate Appraiser	_____	Sheet Metal Worker
_____	Rehab. Counselor	_____	Social Worker
_____	Sanitarian	_____	Veterinarian

**Description of the incident(s):**

Please 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.

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(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 an explanation, and information on additional resources that may be available to you if such exist.

**ATTESTATION AND AUTHORIZATION FOR RELEASE OF RECORDS AND REFERRAL FORM**

My signature to this form, or a photocopy thereof, authorizes the Division of Occupational Licensure to obtain copies of any and all medical, dental and mental health records relating to my application for complaint. Pursuant to 45 CFR 164.501 (HIPAA), DOL is a "health oversight agency" which is authorized to review unredacted patient medical records without prior approval or notice given to any patient. Absent fraud or bad faith, certain individuals and entities filing complaints or providing records in support of a complaint are exempt from criminal or civil liability, or a cause of action of any nature. See G.L. c. 175, § 113V(f). DOL may refer this complaint to other appropriate law enforcement authorities.

**Please note that all applications for complaints are examined to determine their factual basis. The act of filing an application for complaint does not ensure 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.

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Signature

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Date

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