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

LIST OF OCCUPATIONS CONTINUED ON PAGE 2

_____	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.

_____

(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.

_____ _____

Signature Date

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