



DIVISION OF OCCUPATIONAL LICENSURE

OFFICE OF INVESTIGATIONS

Application for Complaint

617-701-8600

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

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 License Number

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

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

Business:

\_\_\_\_\_  
Name

Address:

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

\_\_\_\_\_  
City State Zip Code License Number

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

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

____ Accountant	____ Engineer	____ Massage Therapist
____ Aesthetic Shop	____ Fire/Burglar Alarm Installer	____ Massage Therapy Facility
____ Aesthetician	____ Funeral Director/Home	____ Occupational School
____ Architect	____ Gas Fitter	____ Occupational School Sales Rep
____ Barber	____ Hair Salon	____ Plumber
____ Barber School	____ Hair Stylist	____ Real Estate Appraiser
____ Barber Shop	____ Home Inspector	____ Real Estate Broker/Salesperson
____ Cosmetology School	____ Land Surveyor	____ Real Estate Instructor/School
____ Drinking Water	____ Landscape Architect	____ Real Estate Office/Brokerage
____ Electrician	____ Manicure Salon	____ Sheet Metal Worker
____ Electrology/Laser Hair Removal	____ Manicurist	____ 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  
1 Federal Street, 6th Floor, Suite 0600  
Boston, MA 02110