



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections (OPSI)
General Complaint Form

Application for Complaint

In order to file a complaint against a person licensed by the OPSI, this form must be filled out completely and submitted to the office. Submission of a complaint will not automatically result in a hearing against the licensee. Filing a complaint with the office will not result in a monetary award to you. This complaint may result in disciplinary action against the person's license. You will be notified in writing of any hearings scheduled relative to the individual named in your complaint.

1. Identify the license type of individual against whom you are filing a complaint (*please circle one*):

- Ticket Reseller
- Public Warehouseman
- Amusement owner/ third party inspector/certified maintenance mechanic
- Sprinklerfitter
- Tramway operator
- Elevator mechanic/operator
- Boxer, promoter, manager, trainer
- Pipefitter
- Refrigeration technician
- Hoisting operator
- Horse drawn carriage operator

2. Name and license number of individual:

License numbers may be looked-up @ <https://madpl.mylicense.com/Verification/>

3. Your information:

Name: _____

Address: _____

Telephone #: _____

Email: _____



4. Please provide a detailed description of the acts or omissions committed by the licensee that lead you to file this complaint. When possible, please cite applicable sections of Massachusetts General Laws and/or Code of Massachusetts Regulations (CMR) that were violated. You may attach a typed narrative in lieu of completing this section.

5. Please attach any documents that you would like to have considered as part of this complaint. For example:

- Copies of cancelled checks or receipts for payments to the licensee
- Photographs
- A copy of the contract
- Copies of any relevant court judgments or documents
- Copies of any correspondence with the licensee, or any other party, regarding the contract or the complaint

6. *I hereby affirm under the pains and penalties of perjury that the information contained in this complaint package is true and accurate to the best of my knowledge and belief.*

Signature

Date

Print Name

7. Please mail the complaint package to:

Office of Public Safety & Inspections

License Complaints

1 Federal Street - Suite 0600

Boston, MA 02110-2012