



**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

Improper Access To, and/or Dissemination Of, Criminal Justice Information System Data

Complaint Type: Improper Access and/or Dissemination of CJIS

Agency/Organization: Organization: _____

Name: _____
 Title 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: _____ Social Security Number: _____
 Month Day Year

Names Previously Used:

 First Middle Last Suffix

 First Middle Last Suffix

 First Middle Last Suffix

Description of Complaint:

1. Describe the Criminal Justice Information System (CJIS) information (i.e., driver's license information, warrant information, driving history) that was allegedly improperly accessed and/or disseminated.*

2. State when you believe your information was improperly accessed and/or disseminated. Please include all relevant dates.*

3. State whom you believe improperly accessed and/or disseminated your information. Please provide contact information for this individual, if known.*

4. State to whom you believe your information was improperly accessed and/or disseminated. Please provide contact information, if known, for this/these individuals.*

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.*

7. In as much detail as possible, describe how your information was allegedly improperly accessed and/or disseminated.* (attach additional sheets if necessary)

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

Attach/Include Files

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.

Submit Complaint

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

Massachusetts Department of Criminal Justice Information Services
ATTN: Legal Department
200 Arlington Street, Suite 2200, Chelsea MA 02150