



**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 Offender Record Information

Complaint Type: Improper Access and/or Dissemination of CORI

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 Offender Record Information (CORI) that was allegedly improperly accessed and/or disseminated.\*

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

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

4. State to whom you believe your CORI was improperly accessed and/or disseminated. Please provide contact information, if known, for this/these individual(s).\*

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.

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Name

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Signature

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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