



**DIVISION OF PROFESSIONAL LICENSURE
OFFICE OF INVESTIGATIONS
Application for Complaint**

617-727-7406
www.mass.gov/dpl

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 licensed individual/business):

Name: _____
Last Name First Name M.I.

Address: _____
Number Street Phone

City State Zip Code License Number (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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Electrician | <input type="checkbox"/> Manicurist |
| <input type="checkbox"/> Aesthetician | <input type="checkbox"/> Electrology / Laser Hair | <input type="checkbox"/> Marriage & Family Therapist |
| <input type="checkbox"/> Aesthetic Shop | <input type="checkbox"/> Removal | <input type="checkbox"/> Massage Establishment |
| <input type="checkbox"/> Applied Behavior Analyst | <input type="checkbox"/> Engineer | <input type="checkbox"/> Massage Therapist |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Fire/Burglar Alarm Installer | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Funeral Director / Home | <input type="checkbox"/> Occupational School |
| <input type="checkbox"/> Audiologist/Speech Language | <input type="checkbox"/> Gas Fitter | <input type="checkbox"/> Occupational School Sales |
| <input type="checkbox"/> Pathologist | <input type="checkbox"/> Hair Salon | <input type="checkbox"/> Representative |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Hair Stylist | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Health Officer | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Barber School | <input type="checkbox"/> Hearing Instrument Specialist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Home Inspector | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Cosmetology School | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Dietitian/Nutritionist | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Dispensing Optician | <input type="checkbox"/> Manicure Salon | |
| <input type="checkbox"/> Drinking Water Operator | | |

