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 ___________________________

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:

1. Accountant  
2. Aesthetician  
3. Aesthetic Shop  
4. Applied Behavior Analyst  
5. Architect  
6. Athletic Trainer  
7. Audiologist/Speech Language Pathologist  
8. Barber  
9. Barber Shop  
10. Barber School  
11. Chiropractor  
12. Cosmetology School  
13. Dietitian/Nutritionist  
14. Dispensing Optician  
15. Drinking Water Operator  
16. Electrician  
17. Electrology / Laser Hair Removal  
18. Engineer  
19. Fire/Burglar Alarm Installer  
20. Funeral Director / Home  
21. Gas Fitter  
22. Hair Salon  
23. Hair Stylist  
24. Health Officer  
25. Hearing Instrument Specialist  
26. Home Inspector  
27. Land Surveyor  
28. Landscape Architect  
29. Manicure Salon  
30. Manicurist  
31. Marriage & Family Therapist  
32. Massage Establishment  
33. Massage Therapist  
34. Mental Health Counselor  
35. Occupational School  
36. Occupational School Sales Representative  
37. Optometrist  
38. Physical Therapist  
39. Plumber  
40. Podiatrist  
41. Psychologist

LIST OF PROFESSIONS CONTINUED ON PAGE 2
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.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
_______________________________________
_____________________________________________________
____________________________________________________________________________________________
(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.

AUTHORIZATION FOR RELEASE OF RECORDS AND FORM REFERRAL

My signature to this form, or a photocopy thereof, authorizes the Division of Professional Licensure to:
(1) receive copies of all medical, dental and mental health records relating to my application for complaint, and (2) to refer my application for complaint to other appropriate law enforcement authorities to investigate and/or prosecute.

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.

__________________________________________  __________________________
Signature                                           Date

Mail this form to:
Division of Professional Licensure, Office of Investigations
1000 Washington Street, Suite 710
Boston, MA 02118