



1. COMPLAINANT

Complaints must be made in writing. You may file this complaint anonymously, but if you do not provide sufficient information to initiate an inquiry and cannot be contacted for additional information, we will close this investigation for lack of evidence.

Name: _____
Address: _____
Daytime Phone: _____
Email Address: _____

2. THE COMPLAINT

Name of person or company you are complaining about: _____
Address: _____
Phone: _____

3. SUMMARY OF YOUR COMPLAINT:

Include dates, names, & phone numbers of witnesses in a concise and chronological order of events. Use additional paper if necessary.

4. OTHER INFORMATION:

If you have filed a complaint with any other agencies, indicate them here.

Agency: _____ Date(s) filed: _____
Agency: _____ Date(s) filed: _____

5. SIGNATURE:

When giving your name, you may request that the Department not release your identity in connection with the investigation. You should be aware, however, that if enforcement action results in court or hearing examiner proceedings, it may not be possible to keep your name confidential.

Signature: _____ Date: _____

OFFICIAL USE ONLY

Date Received: _____ Received By: _____
Referred to Other Dept.: _____ Referral Date: _____