Information About This Form and the Utah Division of Occupational and Professional Licensing

1. You may type or print on this form, but please make your responses legible.

2. It is important for you to fill out each block of this form so that we can fully evaluate your complaint. If a particular block does not apply to your situation, please indicate so by placing an “N/A” (i.e. not applicable) in the appropriate space.

3. By law, complaints concerning a violation of Utah's Occupations and Professions laws are not public information.

4. If you need additional space for any of your responses, please attach additional paper.

5. Please attach copies of all documents relevant to your complaint – for example: Cancelled checks (both sides), contracts, correspondence, sales brochures, etc.

6. When you have completed this form, please mail or fax it (along with any attachments) to:
   Attn: Investigations
   Division of Occupational & Professional Licensing
   160 E 300 S
   PO Box 146741
   Salt Lake City, UT 84114-6741

   If you wish to contact the office by phone, our number is: (801) 530-6630. Our FAX number is (801) 530-6301. Our office is open for your inquiries Monday through Friday (except legal holidays) from 8:00 a.m. to 5:00 p.m., Mountain Standard Time. You can contact DOPL by e-mail at DOPL@utah.gov.

7. Please be advised that the Division will not act as your attorney for purposes of settling, recovering monetary loss, or performing any other dispute resolution between you and any person whom you feel may have violated the Utah Occupations and Professions laws. Any person who has been damaged or lost money as the victim of a licensed or unlicensed professional should immediately contact his or her personal attorney about the possibility of resolving the dispute through negotiation or legal process.

8. Further, the Division cannot perform investigations for the benefit of your personal litigation. However, your complaint is very important to the Division because it is critical in informing us of a possible violation of the Occupations and Professions laws.

9. Once we have reviewed your complaint, we let you know what we will be able to do with it.
# COMPLAINT REPORT

<table>
<thead>
<tr>
<th>Date</th>
<th>Case Number:</th>
</tr>
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<tbody>
<tr>
<td><strong>/</strong>/___</td>
<td>______________</td>
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## Person Making Complaint

<table>
<thead>
<tr>
<th><strong>Your Name:</strong></th>
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<tr>
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<td>(middle)</td>
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<table>
<thead>
<tr>
<th><strong>Your Address:</strong></th>
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<tbody>
<tr>
<td>(street)</td>
<td>(city)</td>
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<table>
<thead>
<tr>
<th><strong>Home Telephone:</strong></th>
<th><strong>Work Telephone:</strong></th>
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<tr>
<th><strong>E-Mail address:</strong></th>
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<td>___________________</td>
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## Person or Firm You are Complaining About

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
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<td>(city)</td>
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<tr>
<th><strong>Telephone:</strong></th>
<th><strong>Profession:</strong></th>
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<tbody>
<tr>
<td>(___)</td>
<td>____________________</td>
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</table>

Where did the offensive conduct take place? __________________________

On what date did the conduct occur? ___/___/____ At what time: ___:___ AM/PM

Who witnessed or has knowledge of the conduct you are complaining about? *(Please list names and phone numbers with a description of what was observed in the detail section below.)*

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Please explain your relationship to the person you are complaining about.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Have you spoken to the person or firm you are complaining about?  □ Yes  □ No

Nature of Response: ____________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Have you filed a suit with the courts on this matter?  □ Yes  □ No

Date filed: __/__/____    Court: ____________________________Case Number: ________________

Please list the details of the events as they occurred:
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

(Please attach additional comments, invoices, billings, contracts, and other documents relevant to your complaint.)

Signature: ____________________________________________ Date of Signature: __/__/____
Printed Signature: _______________________________________

Submit by mail to:  Attn: Investigations
Division of Occupational & Professional Licensing
160 E 300 S
PO Box 146741
Salt Lake City, UT 84114-6741

You can also submit by FAX (801) 530-6301, or online at http://dopl.utah.gov/investigations/complaint.html