



UTAH DEPARTMENT OF COMMERCE  
Division of Occupational and Professional Licensing

***COMPLAINT FORM***

**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](mailto: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.



Division of Occupational & Professional Licensing

# COMPLAINT REPORT

*(For Division use only)*

Date \_\_\_/\_\_\_/\_\_\_

Case Number: \_\_\_\_\_

## Person Making Complaint

Your Name: \_\_\_\_\_  
*(first) (middle) (last)*

Your Address: \_\_\_\_\_  
*(street) (city) (state) (zip)*

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

## Person or Firm You are Complaining About

Name: \_\_\_\_\_  
*(first) (middle) (last)*

Address: \_\_\_\_\_  
*(street) (city) (state) (zip)*

Telephone: (\_\_\_\_) \_\_\_\_\_ Profession: \_\_\_\_\_

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.

---

---

---

---

---

---

