

# Preliminary Statement of Complaint

**IMPORTANT:** This document is subject to disclosure under the Freedom of Information Law. The person or firm you are complaining about will receive a copy of this complaint.

**PLEASE PRINT OR TYPE**

NAME (LAST, FIRST, M.I., SUFFIX)

ADDRESS NUMBER AND STREET

CITY

STATE

ZIP+4

COUNTY

HOME TELEPHONE

BUSINESS TELEPHONE

EMAIL ADDRESS

**TYPE OF BUSINESS YOU ARE COMPLAINING ABOUT:**

- |   |   |
|---|---|
| <input type="checkbox"/> Apartment Information Vendor/Sharing Agent | <input type="checkbox"/> Home Inspector   |
| <input type="checkbox"/> Appearance Enhancement                     | <input type="checkbox"/> Notary Public  |
| <input type="checkbox"/> Armored Car Carrier/Guard                  | <input type="checkbox"/> Private Investigator, Bail Enforcement Agent & Watch, Guard or Patrol Agency |
| <input type="checkbox"/> Athlete Agent                              | <input type="checkbox"/> Real Estate Appraiser  |
| <input type="checkbox"/> Barber                                     | <input type="checkbox"/> Real Estate Broker/Sales   |
| <input type="checkbox"/> Bedding                                    | <input type="checkbox"/> Security & Fire Alarm Installer  |
| <input type="checkbox"/> Central Dispatch Facility                  | <input type="checkbox"/> Security Guard   |
| <input type="checkbox"/> Coin Processor                             | <input type="checkbox"/> Telemarketer Business  |
| <input type="checkbox"/> Document Destruction Contractor            | <input type="checkbox"/> Ticket Reseller  |
| <input type="checkbox"/> Health Club                                | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Hearing Aid Dispenser/Business             |   |

**Person and/or firm you are complaining about:**

NAME (LAST, FIRST, M.I., SUFFIX)

ADDRESS NUMBER AND STREET

CITY

STATE

ZIP+4

COUNTY

TELEPHONE

**Name and address of other people involved in complaint:**

NAME (LAST, FIRST, M.I., SUFFIX)

ADDRESS NUMBER AND STREET

CITY

STATE

ZIP+4

COUNTY

HOME TELEPHONE

BUSINESS TELEPHONE

NAME (LAST, FIRST, M.I., SUFFIX)

ADDRESS NUMBER AND STREET

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STATE

ZIP+4

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HOME TELEPHONE

BUSINESS TELEPHONE

-OVER-

*Preliminary Statement of Complaint*

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Amount of money involved in complaint: \_\_\_\_\_

List all receipts or proof of payment:

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Indicate the nature of your complaint. Be exact as to facts. If you need more space, attach an additional sheet of paper:

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**Attach copies of contracts or supporting documentation.**

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Have you gone to: \_\_\_\_\_ a lawyer? \_\_\_\_\_ court or another agency?

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What action are you seeking from the Department of State?

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*Signature*

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*Date*