_____
OLD Staff Member

_____
Assigned Investigator

Complaint #: _____

PROTECTIVE HEALTH SERVICES-OCCUPATIONAL LICENSING COMPLAINT FORM

Complaint Against:

Company:_____ ***DATE:**_____ **TIME:**_____
Name *License Number*

Address:_____
Street No. *City, State* *Zip* *County*

Individual:_____
Name *License Number* *Address*

Location/directions: _____

COMPLAINT TYPE: ☐Alarm Locksmith ☐Barber ☐Fire Extinguisher ☐Hearing Aid ☐RS/ RPES ☐Fire Sprinkler

RECEIVED BY: ☐E-MAIL ☐IN-PERSON ☐PHONE ☐ WRITTEN ☐MEDIA ☐FAX ☐OTHER

☐Remain anonymous

COMPLAINANT:_____
(*PLEASE PRINT LEGIBLY*)

Address:_____
(Mailing Address) **(City)** **(State)** **(Zip)**

Telephone:_____ **Alternate Phone:**_____ **Email Address:**_____

☐Complainant would like a follow-up call

ADDITIONAL COMPLAINANT (S):_____
PLEASE INCLUDE CONTACT INFORMATION-- IF RESPONSE IS REQUESTED

OTHER CONTACT PERSON (S): (NAME)_____
(ADDRESS)_____
(PHONE)_____

Questions: ***When*** did the complaint situation occur? ***Was*** it an isolated event or an ongoing situation – date, time and time between different events? ***Where*** did the incident happen? ***What*** was the sequence of events? ***Were*** there witnesses to the complaint situation? ***What*** other persons were involved? ***What*** is the company name? ***What*** is the vehicle tag number, make, model, or description?

NATURE OF COMPLAINT: (PLEASE LIST ALLEGATION TYPE AND SUBTYPE WITH EACH ALLEGATION)

FINDINGS: (LIST ANY ACTION TAKEN, INVESTIGATIONAL OUTCOME, AND FINAL STATUS OF COMPLAINT)

INVESTIGATOR SIGNATURE *DATE* *STATUS (REFERED, SUBSTANTIATED, UNSUBSTANTIATED, CITATION, NOV, ACO)*