



FOR OFFICE USE ONLY	
LICENSE NUMBER:	
EXPIRATION DATE:	
FILE NUMBER:	

COMPLAINT FORM

NOTE: The Department cannot guarantee anonymity. By law, all complaints received by the Department are subject to public disclosure once a case is closed. Therefore, if you wish to file a complaint anonymously, please do not submit the complaint electronically. In addition, do not include any personal information on the complaint form or any supplemental documents that reveal your identity. While the Department may accept an anonymous complaint, it will not proceed if it lacks sufficient information to support a regulatory or criminal violation.

SECTION I - INFORMATION

COMPLAINT FILED BY

Name _____

Company _____
(Your company name if filing on behalf of a company)

Mailing Address _____

City, State, and Zip _____

Phone Numbers _____
BUSINESS CELL HOME/OTHER

Email Address _____

Address where problem occurred _____

City/County _____

How did you hear about DPOR? Newspaper DPOR publication, speaker, or contact
 TV Referred by _____
 Radio Other _____
 Internet

COMPLAINT AGAINST

Individual Name _____

Company _____

Address _____

City, State, and Zip _____

Phone Numbers _____
BUSINESS CELL HOME/OTHER

Email Address _____

Type of License and/or License Number _____

SECTION II - SUPPORTING DOCUMENTS

To process a Complaint Form, supporting documents are needed, which may include the following:

ALL BOARDS	Copies of all relevant documentation, including, but not limited to: contracts, agreements, invoices, receipts, correspondence, and photographs (all pages - front and back)
CONTRACTOR	Copy of contract, Proof of Payment, Building Official Documentation, Notice of Violation
REAL ESTATE	Purchase Contracts, Listing Agreements, Settlement Statements, Cancelled Checks, Disclosure Statements, Management Agreements, Leases
APPRAISER	Copy of Appraisal
LAND SURVEYOR	Copy of Survey
BARBERS & COSMETOLOGY	Copy of Medical Records/Photos (re: injuries)

SECTION III - COMPLAINT DESCRIPTION

Describe the complaint. If more room is needed, include an additional document with submittal.

[Empty box for complaint description]

I wish to complain about the individual/business named above. I understand that a regulatory board does not have the authority to require a licensee to return money, correct deficiencies, or provide other personal remedies. I further understand that decisions regarding criminal prosecutions are at the discretion of the Department and the Commonwealth's Attorney. I am submitting this information so that the Department may determine whether disciplinary or criminal action against this individual or business should be considered. I verify under penalty of law that the information provided is true to the best of my knowledge.

Full Name _____

Date _____

SECTION IV - HOW TO SUBMIT THIS FORM

Please return this form one of the following ways:

EMAIL * ⇨ complaintanalysis@dpor.virginia.gov
* BEFORE SUBMITTING VIA EMAIL, PLEASE SEE INSTRUCTIONS BELOW

FAX ⇨ (866) 282-3932

MAIL ⇨

Department of Professional and Occupational Regulation
Compliance and Investigations Division
Complaint Analysis & Resolution
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485

Contact Information:

Dept. of Professional and Occupational Regulation
Complaint Analysis & Resolution

COMPLAINTS - (804) 367-8504

VA RELAY ♦ - 7-1-1

EMAIL - complaintanalysis@dpor.virginia.gov

WEBSITE - www.dpor.virginia.gov

♦ Virginia Relay enables people who are deaf, hard of hearing, Deaf Blind, or speech disabled to communicate by TTY (text telephone) or another assistive telephone device with anyone who uses a standard phone.

* There is a size limit for documents submitted via email. If your attachments exceed 18 MB, a non-delivery receipt will be sent to you. If you exceed the limit, please submit the complaint form and supporting documents to the mailing address above.