



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.

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.

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>