

**TEXAS DEPARTMENT OF LICENSING AND REGULATION
COMPLAINT FORM**

Dept. Use Only
Complaint #:

Date Received:

Mail To:
TEXAS DEPARTMENT OF LICENSING AND REGULATION
ENFORCEMENT DIVISION
P.O. BOX 12157 • AUSTIN, TEXAS 78711
800-803-9202 • 512-463-2906 • FAX 512-475-2872
www.license.state.tx.us • complaints@license.state.tx.us

NOTICE

Under the Texas Public Information Act, the complainant's identity is subject to being revealed.
If the complaining party files anonymously they will not receive automated case information.

A. You, as the complaining party: (Type or print legibly)

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: Work - _____ Home - _____

FAX - _____ E-mail - _____

B. Would you be willing to testify if this case results in a hearing? Yes No

Please include with your complaint any documentation regarding your complaint, including letters mailed to the business, responses received from the business, invoices, proposals, advertisements, documents sent to other agencies or the Better Business Bureau, etc.

C. The person, firm, or building/facility you are complaining about:

Name: _____

Company or Facility Name: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: Office - _____ FAX - _____

License or Registration # - _____ E-mail - _____

D. EXPLANATION: Describe your complaint in detail. Signature(s) and dates are required in the signature block at the bottom of this section. If the space provided below is not adequate, you may attach additional pages.

SIGNATURE BLOCK

The above information is true and correct, to the best of my knowledge.

Signature of the complaining party

Date