TEXAS DEPARTMENT OF LICENSING AND REGULATION

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COMPLAINT FORM

Mail To:

TEXAS DEPARTMENT OF LICENSING AND REGULATION ENFORCEMENT DIVISION P.O. BOX 12157 • AUSTIN, TEXAS 78711 (800) 803-9202 • (512) 539-5600

FAX 512-539-5698 enforcement@license.state.tx.us

Date Received: (For Department Use Only)

Notice

Under the Texas Public Information Act, the complainant's identity is subject to being revealed. In the event an investigation is opened enforcement procedures require a copy of the complaint and all associated documentation be forwarded to the Respondent including your name and contact information.

	must leave this section blank.	our complaint anonymously to ensure your lf you file your complaint anonymously	-
Name:			
Address:			
City:	State:	Zip:	
Work Phone:	Home Phone:	Fax:	
E-Mail:			
Contact from the D	Department will be via e-mai	l if you provide an e-mail address	
B. Would you be willing t	o testify if this case results	in a hearing? Yes□ No □	
C. The person, firm, or bu	ilding/facility you are comp	laining about:	
Name:			
Company or Facility Name	:		
Physical Address:			
City:	State:	Zip:	
Mailing Address (if different	than above):		
City:	State:	Zip:	
Telephone numbers:	Office -	Fax-	
E-mail:			
License or Registration Nu	mber:		

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your filing of this complaint. If the space additional pages. Please include with you complaint, including letters mailed to the invoices, proposals, advertisements, docu Bureau, etc. If you are filing your complaints	in detail. Include dates, names, and events leading to provided below is not adequate, you may attach ur complaint any documentation regarding your business, responses received from the business, uments sent to other agencies or the Better Business int anonymously it is imperative that you include any I submission of your complaint (making sure you have ation).
,	,
SI	GNATURE BLOCK
Signature of the complaining party	Date