



Complaint Form

Please fill out the Complaint form as thoroughly as possible. Additional documentation supporting your complaint should be attached and submitted with this form. Documentation may include copies of contracts, certifications, or other legal documents. Do not submit original documents.

Complaint Filed By

Name _____ Company _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ (work) _____ (Mobile) _____ (Home) _____

E-Email _____ Date _____

Complaint Filed Against

Name _____ Company _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ (work) _____ (Mobile) _____ (Home) _____

E-Email _____ Date _____

Nature of Complaint

Date(s) of violation occurred _____ Location violation occurred _____

Please describe the complaint below. Attach additional pages with complaint form if needed.

| Return completed complaint form to: | Office Use Only | |
|---|-----------------|----------------|
| E-Mail dcra.dcropla@dc.gov | Date Received | Date Completed |
| Fax (202)698-4329 | | |
| Mail Department of Consumer and Regulatory Affairs Occupational and Professional Licensing 1100 4 th Street SW Suite 500E Washington DC 20024 | | |