LICENSING ENFORCMENT AND HOMEOWNER PROTECTION UNIT COMPLAINT
Office of the Indiana Attorney General
(R5/12-17)

Instructions:

Please print clearly or type.

A copy of this complaint form will be submitted to the individual/business listed below in Section 2. The Office of the Indiana Attorney General **cannot** accept complaints from anonymous complainants. If you wish to remain anonymous, please contact the Indiana Professional Licensing Agency. Please note that not providing your name or other identifiable information can limit the ability to thoroughly investigate consumer complaints.

Section 1: Your Information			
Salutation ____ **Mr.** ____**Mrs.** ____**Ms.** ____**Dr.** ____**Miss** ____**Rev.**	**Full Name**		
Mailing Address	**City**	**State**	**Zip**
Organization/Agency (if applicable)	**County**		
Telephone Number	**Email Address**		
Best way to contact you: ____ **Mail** ____**Electronic Mail** ____**Telephone**	**Are you or your spouse active military?** _____ **Yes** _____ **No**		
Is your complaint regarding a healthcare or mental health practitioner? ____ **Yes** ____ **No**			
If yes, please provide the name of the patient's name (if different that you) and patient's date of birth: ____			
If your complaint is regarding a veterinarian or veterinary office, please provide the name and type of animal: ____			

Section 2: Who is the Complaint against? Note: The Office of the Attorney General cannot proceed on a complaint regarding a health care facility without the name of an individual involved in the incident. Please contact the facility if you are unsure of who the appropriate individual was involved in the incident.			
Individual	**Business/Facility (if applicable)**		
Title/Role			
Street Address	**City**	**State**	**Zip Code**

County	Telephone	Email address

Website (if applicable)	Social Media Account Names (if applicable)

Does the individual/facility possess an Indiana professional or healthcare license?

☐ **Yes** ☐ **No**

If yes, please provide the license number of the individual/facility (if known):

____

Section 3: What type of profession is the complaint against? (Please select all that apply)

Professional Licensing

☐ Accountancy
☐ Architects and Landscape Architects
☐ Auctioneers/Auction Companies
☐ Cosmetology and Barber
☐ Engineering
☐ Funeral Directors/Funeral Homes
☐ Cemeteries
☐ Home Inspectors
☐ Interior Designers
☐ Manufactured Home Installers
☐ Massage Therapy
☐ Plumbing
☐ Private Investigator
☐ Security Guard
☐ Real Estate Broker
☐ Real Estate Broker Company
☐ Real Estate Appraisers
☐ Surveyors

Healthcare Licensing

☐ Acupuncture
☐ Anesthesiologist Assistant
☐ Athletic Trainers
☐ Behavior Analyst
☐ Behavioral Health and Human Services
☐ Chiropractors
☐ Dentistry
☐ Diabetes Educators
☐ Dietitians
☐ Genetic Counselors
☐ Health Facility Administrators
☐ Hearing Aid Dealers
☐ Home Healthcare Equipment
☐ Midwives
☐ Nurses
☐ Occupational Therapists
☐ Optometrists
☐ Pharmacy
☐ Physical Therapists
☐ Physicians
☐ Physician Assistants
☐ Podiatric Medicine
☐ Psychology
☐ Speech Language Pathology and Audiology
☐ Veterinary Medicine

Section 4: Transaction/Incident Details

Date of Transaction/Incident	**Location of Transaction/Incident**

Nature of the Transaction/Incident

☐ Real Estate (Purchase, sell or appraisal)
☐ Property Management
☐ Homeowner Association
☐ Landlord/tenant
☐ Healthcare Appointment
☐ Veterinarian Appointment
☐ Hospital/Nursing Facility stay
☐ Auction
☐ Mental Health Appointment
☐ Funeral or Burial
☐ Visit to salon, spa, or barbershop
☐ Inspection of licensed facility
☐ Dental Appointment
☐ Pharmacy medication fill
☐ Court ordered child custody evaluation
☐ Contracted services (i.e. plumbing, private investigation/security)
☐ Other____
____
____

Description of Incident

Documents available from the transaction/incident (any documents related to the incident should be submitted with this complaint form):

☐ Healthcare Records

☐ Mental Health Records

☐ Veterinarian Records

☐ Real estate documentation (i.e. disclosure form, closing documents, lease)

☐ Criminal or civil court records

If checked, please provide the court docket number(s): ______________________________

☐ Written agreement/contract

☐ Invoices

☐ Inspection report

☐ Other: ______________________________

____

Are you represented by counsel?

☐ No.

☐ Yes. If yes, please list name and contact information of attorney

____

____

Have you filed a complaint with any other agency? If yes, please provide a copy of that complaint.

☐ No

☐ Yes. If yes, what agency:

____

____

Section 5: Consent

Do you consent to disclosing the following information to the public?

Note: Selecting "no" to any below will not prevent your information from being provided to the individual listed in Section 2.

☐ **Yes** ☐ **No** **The nature of the complaint and the individual/business name**

☐ **Yes** ☐ **No** **Your name**

☐ **Yes** ☐ **No** **Your phone number**

Section 6: Mail Completed Form to:

Office of the Indiana Attorney General Consumer Protection Division
Indiana Government Center South, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204
317-232-6330 (phone) 317-233-4393 (fax)
www.IndianaConsumer.com

Section 7: Verification

I affirm, under the penalties of perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

______________________________	______________________________
Your Signature	**Date**