



**DEPARTMENT OF COMMERCE AND INSURANCE
 DIVISION OF REGULATORY BOARDS
 ADMINISTRATIVE SECTION
 500 JAMES ROBERTSON PARKWAY, 2nd Floor
 NASHVILLE, TENNESSEE 37243
 (615) 741-3449**

COMPLAINT FORM

 BOARD/COMMISSION

 DATE FILED

 (Complainant)

V

 (Respondent)

 (Street Address)

 (Street Address)

 (City, State, Zip)

 (City, State, Zip)

 (Home Telephone Number)

 (Telephone Number)

Please provide the following information to enable our investigator to contact you concerning your complaint, if a personal interview becomes necessary.

Name of Your Employer _____

Employer's Address _____
 (Street Address) (City, State, Zip)

Your Business Phone _____

NOTE: Pursuant to TCA Title 47, Chapter 18, the Tennessee Consumer Protection Act, you may want to file a complaint with the Division of Consumer Affairs, 5th Floor, 500 James Robertson Parkway, Nashville, Tennessee 37243. (615-741-4737) or (800-342-8385)

Other person(s) with firsthand knowledge of your complaint:

Name _____

Address _____
(Street Address) (City, State, Zip)

Home Phone _____ Business Phone _____

(Attach an additional sheet if necessary.)

Have you consulted an attorney? Yes _____ No _____

If YES, please provide the following:

Name of Attorney _____

Address _____
(Street Address) (City, State, Zip)

Phone _____

Are you licensed by this State Board? Yes _____ No _____

If YES, give license number _____

Complainant Signature _____

Optional

(Except for Collections Services & Land Surveyors Complaints)

State of _____

County of _____

On this _____ day of _____, 20____, personally appeared before me the complainant name in the foregoing complaint who, on oath, says that the facts above stated are true to the best of his (or her) information and belief.

Witness my hand and seal at _____ this date.

Notary Public

My Commission Expires:
