Search Commerce & Insurance

Q

#### Resources & Services

One-Stop Licensing App	
Verify a License	
Renew a License	
Renew an Insurance License	
Speaker Request	
Small Business Advocate	
Public Meetings	v
Disciplinary Actions	
Title VI Implementation Plan	
Scarris Stop Here	
Disaster Recovery	
Insurance Service of Process	
Elder Abuse Awareness Resources	

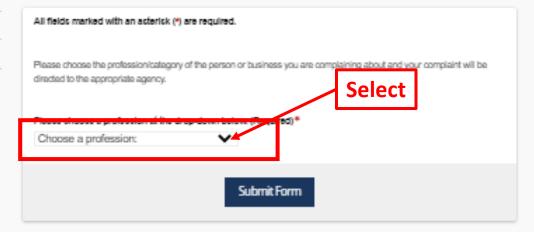
# File a Complaint

Regarding Businesses and Professionals in Tennessee

### Welcome to the Tennessee Department of Commerce and Insurance's Complaint Assistant.

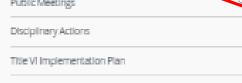
The Department of Commerce and Insurance regulates several hundred thousand Tennesseans in their professions and businesses. These boards, commissions and programs are empowered to take disciplinary action including revocation of licenses and assessment of civil penalties against license holders found guilty of violating laws governing their professions. Consumers are encouraged to file complaints with the Department of Commerce and Insurance when they feel they have been the victim of an unifair or deceptive business practice, witness unlicensed activity or see suspected misconduct or other violations of respective law or rules.

- > Complaints for Regulatory Boards or Fire Licenses/Permits
- > Complaints for Insurance Companies or Insurance Agents



Our Divisions - Licensing & Regulations - Resources & Services - Training & Certification - Contact Us -

# Resources & Services One-Stop Licensing App. Verify a License Renew a License. Renew an Insurance License Select Speaker Request. "Blaster/Explosives Handler" Public Meetings Disciplinary Actions



Disaster Recovery

Scams Stop Here

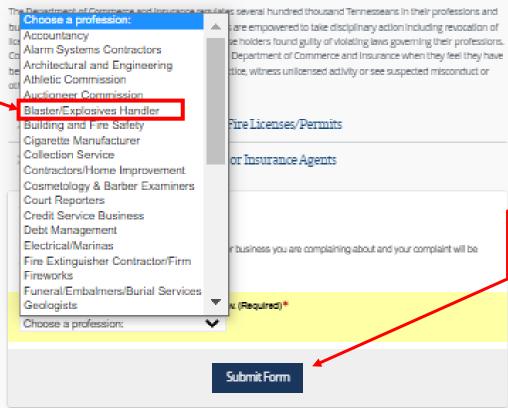
Insurance Service of Process

Elder Abuse Awareness Resources

# File a Complaint

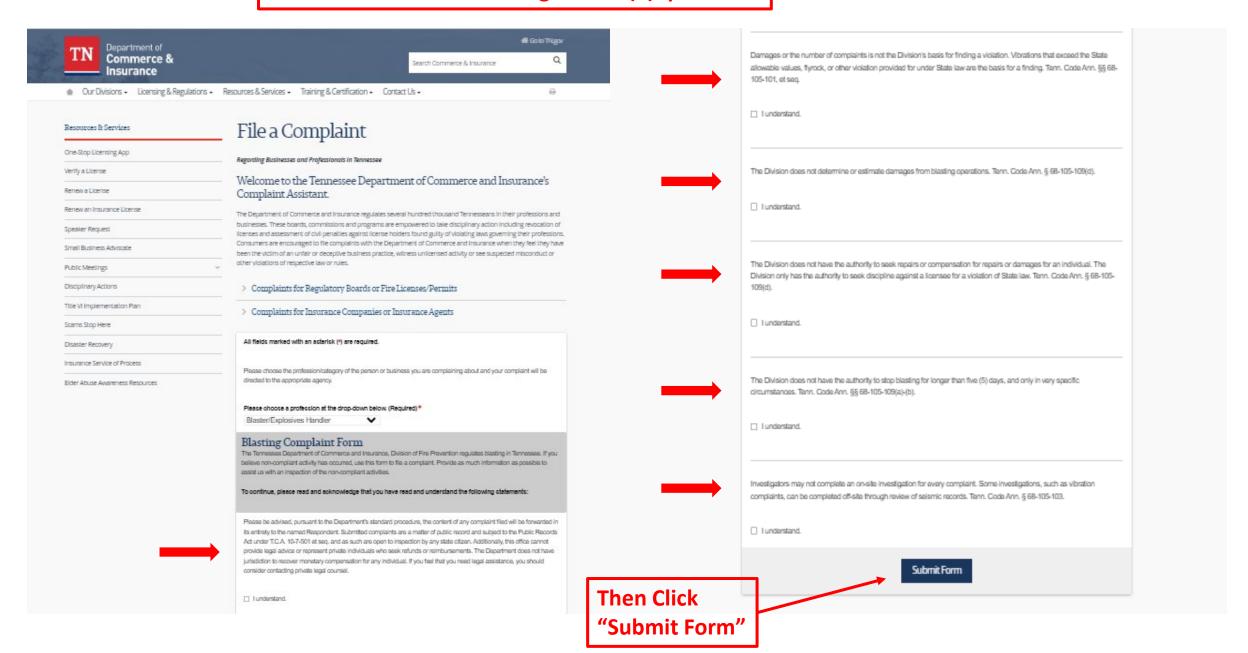
Regarding Businesses and Professionals in Tennessee

Welcome to the Tennessee Department of Commerce and Insurance's Complaint Assistant.



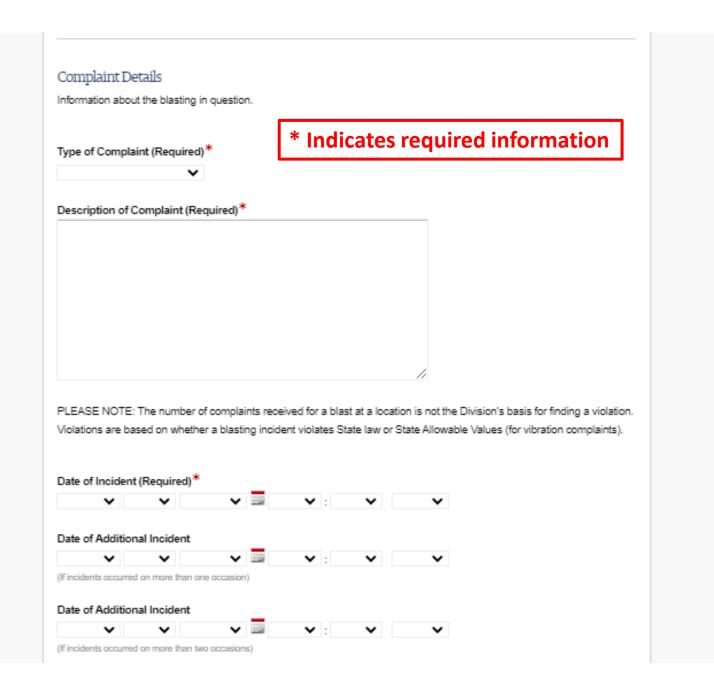
Then Click "Submit Form"

### Please read and acknowledge all six (6) questions



## **Blasting Complainant** Complainant Information about the person making the complaint. Name of Complainant (Required)\* First Name Last Name Complainant Phone Number (Required)\* \* Indicates required information Complainant Email Complainant Address (Required)\* Address Line 1 Address Line 2 CIty State ZIP Code This a self-reported blasting incident. (Do not check if you are filing a complaint on the blasting activity of others. Only check if you are a registered blaster or handler and are notifying the department of an incident.) Has this blasting impacted a person age 65 or Older? ○ Yes ○ No Your answer to this question is voluntary and will only be used by the program to determine if you are eligible for additional resources based on your complaint.

**Only for Blasters** 



# \* Indicates required information

Respondent If known, please enter information about the Blasting Firm, Blaster, or Handler that performed the blasting. Blasting Firm Name Blasting Firm Registration Number If you know this information fill it in, if not leave blank. Blaster Name First Name Last Name Blaster Registration Number Handler Name First Name Last Name Handler Registration Number

Submit Form

Then Click

"Submit Form"