



**State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-1
Cranston, Rhode Island 02920**

Division of Commercial Licensing

Commercial Licensing Complaint Form

INSTRUCTIONS: Please complete this form and return to the above address if you have reason to believe that a licensee regulated by the Department of Business Regulation has violated the law or failed to meet his/her responsibilities and obligation to the public and/or if you believe a person/entity is performing unlicensed work. Please print or type. This form will NOT be accepted unless signed by complainant. Include any documents related to your matter if applicable.

Complainant Name: _____

Complainant Residence: _____

Mailing Address (If different from Residence): _____

Complainant Daytime Telephone number: _____ Alternative Telephone Number: _____ E-mail Address: _____

Please check off the appropriate box to indicate the license type that you are filing a complaint against:

- | | |
|----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Auto Body Shop | <input type="checkbox"/> Bedding/Upholstery |
| <input type="checkbox"/> Auto Glass Repair & Replacement | <input type="checkbox"/> Certified Constable |
| <input type="checkbox"/> Auto Wrecking & Salvage Yard | <input type="checkbox"/> Gas Station Price Postings |
| <input type="checkbox"/> Liquor | <input type="checkbox"/> Unit Pricing |
| <input type="checkbox"/> Mobile/Manufactured Home Park | |

Name of licensee or person/business entity you are filing a complaint against: _____ Phone Number: _____

Licensee or person/business entity address: _____

Other Federal, State Municipal, Local Agencies, or Legal Counsel you have contacted, including results of contacts: _____

On the reverse side of this form, explain as fully as possible the exact nature of your complaint against the licensee or regulated activity. Be sure to include specific information such as dates and purchase services, name, address, telephone of offending licensee, account numbers, etc. Also, attach any documentation which you feel will help support your allegations including sales slips, warranty contracts, purchase and sales agreement, canceled checks, insurance policies, etc. If you know the section of the law that your complaint pertains to, please indicate it as well.

*****Please note: the Department does not have the statutory authority to remedy the harm you may have suffered as a result of the deficient work performed by the licensed or unlicensed entity. The Department's authority is limited to investigating your complaint to determine whether there has been a statutory or regulatory violation and then imposing an administrative penalty and/or suspending or revoking the license. Please be assured that we will investigate all issues. You may be able to pursue additional civil remedies against the licensee through other legal action and you may want to consult an attorney.**

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

Signature: _____

Date: _____