



LICENSING ENFORCEMENT COMPLAINT
OFFICE OF THE INDIANA ATTORNEY GENERAL
State Form 57627 (12-24)



Office of the Attorney General
302 West Washington Street
Indianapolis, IN 46204

INSTRUCTIONS: Print clearly or type all responses on all three (3) pages of the form.

NOTICE: A copy of this complaint form will be submitted to the individual/business listed in Section 2. The Office of the Indiana Attorney General (OAG) cannot accept complaints from anonymous complainants. If you wish to remain anonymous, please contact the Indiana Professional Licensing Agency. Failure to provide your name or other identifiable information can limit the ability of OAG to thoroughly investigate complaints.

SECTION 1: SUBMITTER INFORMATION

Salutation	First Name (Required)	Last Name (Required)	Suffix
Organization (if applicable)		Are you or your spouse active military?	
Phone Number	Email		Preferred Contact Method
Mailing Address		County	
City	State	Zip	

SECTION 2: WHO IS THE COMPLAINT AGAINST?

Salutation	First Name	Last Name	Suffix
Note: The Office of the Attorney General cannot proceed with a complaint regarding a health care facility without the name of an individual involved in the incident. Contact the facility if you are unsure of the name of the individual that was involved in the incident.			
Business/Facility (if applicable)		Email	
Phone Number		Title/Role	
Website (if applicable)		Social Media Account Names (if applicable)	
Mailing Address		County	
City	State	Zip	

SECTION 3: SPECIFICS OF COMPLAINT

Does your complaint involve a healthcare or mental health practitioner? If yes, provide the patient's name and date of birth.	
Patient Name	Date of Birth
Is your complaint regarding a veterinarian or veterinary office? If yes, provide the name and type of animal.	
Animal Name	Type of Animal
Does the individual or facility possess an Indiana professional or healthcare license? If yes, provide the license number of the individual or facility if known.	
IN License Number	

SECTION 4: PROFESSION RELATED TO COMPLAINT

Mark the type of profession related to the complaint. Select all that apply.

Professional Licensing

- ☐ Accountancy
- ☐ Architects and Landscape Architects
- ☐ Auctioneers or Auction Company
- ☐ Cosmetology or Barber
- ☐ Engineering
- ☐ Funeral Director or Funeral Home
- ☐ Cemetery
- ☐ Home Inspector
- ☐ Interior Designer
- ☐ Manufactured Home Installer
- ☐ Massage Therapy
- ☐ Plumbing
- ☐ Private Investigator
- ☐ Security Guard
- ☐ Real Estate Broker
- ☐ Real Estate Broker Company
- ☐ Real Estate Appraiser
- ☐ Surveyor

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 Aide 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 5: TRANSACTION/INCIDENT DETAILS

Date of Transaction/Incident

Location of Transaction/Incident

Indicate the nature of the transaction/incident

- ☐ Real Estate (purchase, sale, or appraisal)
- ☐ Property management
- ☐ Healthcare appointment
- ☐ Mental Health appointment
- ☐ Dental appointment
- ☐ Pharmacy medication re/fill
- ☐ Hospital/Nursing facility stay
- ☐ Other (please describe):
- ☐ Funeral or burial
- ☐ Veterinarian appointment
- ☐ Auction
- ☐ Visit to salon, spa, or barbershop
- ☐ Contracted services (i.e. plumbing, private investigation/security)
- ☐ Inspection of a licensed facility
- ☐ Court ordered child custody evaluation

Provide a description of the transaction/incident.

Indicate which, if any, documents are available from the transaction/incident and be sure to submit them with this form.

- ☐ Healthcare records
- ☐ Mental health records
- ☐ Veterinarian records
- ☐ Real estate documents (i.e. disclosure form, closing documents, lease)
- ☐ Other (please describe):
- ☐ Written agreement/contract
- ☐ Invoice(s)
- ☐ Inspection report
- ☐ Criminal or civil court records (Docket # _____)



**LICENSING ENFORCEMENT AND HOMEOWNER
PROTECTION UNIT COMPLAINT**
OFFICE OF THE INDIANA ATTORNEY GENERAL
State Form 576267 (12-24)



Office of the Attorney General
302 West Washington Street
Indianapolis, IN 46204

SECTION 5: TRANSACTION/INCIDENT DETAILS (CONT.)

Are you represented by counsel?

If the answer to the question above was yes, provide the name and contact information of the attorney/firm.

Have you filed a complaint with any other agency?

If the answer to the question above was yes, provide the name of the agency and attach that complaint.

SECTION 6: 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 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).

Furthermore, I understand that a complete copy of this complaint will be provided to the Respondent named in Section 2. I also understand that Licensing Enforcement matters are confidential and my information will not be provided to anyone outside of the investigation process.

Signature

Date

SECTION 7: SUBMISSION INFORMATION

Mail the completed form and all associated documents 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