

**TEXAS DEPARTMENT OF LICENSING AND REGULATION  
COMPLAINT FORM**

Dept. Use Only  
Complaint #:

Date Received:

Mail To:  
TEXAS DEPARTMENT OF LICENSING AND REGULATION  
ENFORCEMENT DIVISION  
P.O. BOX 12157 • AUSTIN, TEXAS 78711  
800-803-9202 • 512-463-2906 • FAX 512-475-2872  
[www.license.state.tx.us](http://www.license.state.tx.us) • [enforcement@license.state.tx.us](mailto:enforcement@license.state.tx.us)

**NOTICE**

Under the Texas Public Information Act, the complainant's identity is subject to being revealed.  
If the complaining party files anonymously they will not receive automated case information.

**A. You**, as the complaining party: (Type or print legibly)

*If you wish to file your complaint anonymously to ensure your identity is not revealed, you must leave this section blank.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: Work - \_\_\_\_\_ Home - \_\_\_\_\_

FAX - \_\_\_\_\_ E-mail - \_\_\_\_\_

**B.** Would you be willing to testify if this case results in a hearing?  Yes  No

Please include with your complaint any documentation regarding your complaint, including letters mailed to the business, responses received from the business, invoices, proposals, advertisements, documents sent to other agencies or the Better Business Bureau, etc.

**C.** The person, firm, or building/facility you are complaining about:

Name: \_\_\_\_\_

Company or Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: Office - \_\_\_\_\_ FAX - \_\_\_\_\_

License or Registration # - \_\_\_\_\_ E-mail - \_\_\_\_\_

