

## **Complaint Form**

**Below you will find the necessary form for filing a complaint with the Board of Private Investigator Examiners. Upon receipt of your written complaint, the office of the Board of Private Investigator Examiners will begin the Public Complaint Handling and Disposition Process as set forth in 20 CSR 2234-1.040.**

**If you have any questions in regard to the policies and procedures related to filing a complaint, please feel free to contact this office.**

**-Pamela Groose, Executive Director**

### **PLEASE NOTE:**

**IF FILING A COMPLAINT AGAINST A PRIVATE INVESTIGATOR, PRIVATE INVESTIGATOR AGENCY OR AN AGENCY INVESTIGATOR EMPLOYEE IT IS NECESSARY FOR YOU TO MARK THE BOX TITLED "OTHER" ON THE TOP OF THE UNIFORM COMPLAINT FORM AND THEN INDICATE PRIVATE INVESTIGATOR.**



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**UNIFORM COMPLAINT**

CENTRAL INVESTIGATION UNIT  
 POST OFFICE BOX 1335  
 JEFFERSON CITY, MO 65102  
 TELEPHONE (573) 526-0162  
 FAX (573) 751-5649  
 TDD 800-735-2966

**Section 575.060 — False Declarations. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor. PLEASE TYPE OR PRINT IN BLACK INK**

I WOULD LIKE TO FILE MY COMPLAINT WITH THE FOLLOWING BOARD:

- |   |  |
|---|--|
| <input type="checkbox"/> BEHAVIOR ANALYST ADVISORY BOARD                        | <input type="checkbox"/> COMMITTEE FOR SOCIAL WORKERS*                 |
| <input type="checkbox"/> BOARD FOR OCCUPATIONAL THERAPY*                        | <input type="checkbox"/> COMMITTEE OF DIETITIANS*                      |
| <input type="checkbox"/> BOARD FOR RESPIRATORY CARE*                            | <input type="checkbox"/> COMMITTEE OF INTERPRETERS*                    |
| <input type="checkbox"/> BOARD OF CHIROPRACTIC EXAMINERS*                       | <input type="checkbox"/> COMMITTEE OF MARITAL AND FAMILY THERAPISTS*   |
| <input type="checkbox"/> BOARD OF EMBALMERS AND FUNERAL DIRECTORS               | <input type="checkbox"/> COMMITTEE OF PSYCHOLOGISTS*                   |
| <input type="checkbox"/> BOARD OF EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS* | <input type="checkbox"/> INTERIOR DESIGN COUNCIL                       |
| <input type="checkbox"/> BOARD OF GEOLOGISTS REGISTRATION                       | <input type="checkbox"/> OFFICE OF ATHLETICS                           |
| <input type="checkbox"/> BOARD OF PODIATRIC MEDICINE*                           | <input type="checkbox"/> OFFICE OF ENDOWED CARE CEMETERIES             |
| <input type="checkbox"/> BOARD OF PRIVATE INVESTIGATOR EXAMINERS                | <input type="checkbox"/> OFFICE OF TATTOOING, BODY PIERCING & BRANDING |
| <input type="checkbox"/> BOARD OF THERAPEUTIC MASSAGE*                          | <input type="checkbox"/> REAL ESTATE APPRAISERS COMMISSION             |
| <input type="checkbox"/> COMMITTEE FOR PROFESSIONAL COUNSELORS*                 | <input type="checkbox"/> OTHER _____                                   |

**\* YOU MUST COMPLETE THE ATTACHED RELEASE FORM FOR THE BOARD, COMMISSION OR COMMITTEE MARKED WITH AN ASTERISK (\*). WITH THE RELEASE FORM SIGNED THE CENTRAL INVESTIGATIONS UNIT CAN OBTAIN YOUR MEDICAL OR THERAPEUTIC RECORDS.**

**INFORMATION ABOUT YOU**

YOUR NAME	TELEPHONE (DAYTIME)	CELL	TELEPHONE (EVENING)
ADDRESS (STREET, CITY, STATE, ZIP)			YOUR OCCUPATION
PREFERRED CONTACT	TELEPHONE	CELL	EMAIL

**INFORMATION ABOUT LICENSEE OR PERSON PRACTICING WITHOUT A LICENSE**

PERSON NAME AND/OR COMPANY	TELEPHONE	
ADDRESS (STREET, CITY, STATE, ZIP)	PROFESSION	LICENSE NO. (IF KNOWN)
HAVE YOU CONTACTED LICENSEE OR UNLICENSED INDIVIDUAL ABOUT YOUR COMPLAINT? IF YES, DATE _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU CONTACTED AN ATTORNEY? YES <input type="checkbox"/> NO <input type="checkbox"/>
HAVE YOU HAD A PROFESSIONAL OR SOCIAL RELATIONSHIP WITH THE PERSON YOU ARE FILING THE COMPLAINT AGAINST? IF SO, PLEASE EXPLAIN _____	YES <input type="checkbox"/> NO <input type="checkbox"/>	HAS A LAWSUIT BEEN FILED? YES <input type="checkbox"/> NO <input type="checkbox"/>
		IT MAY BE NECESSARY FOR YOU TO TESTIFY AT A HEARING. ARE YOU WILLING TO TESTIFY? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>ALL PERTINENT DOCUMENTS NEED TO BE ATTACHED</b>		

NAME OF YOUR PRIVATE ATTORNEY (IF APPLICABLE)	TELEPHONE
ADDRESS (STREET, CITY, STATE, ZIP)	

**WITNESS: IF WITNESSES ARE LISTED, PLEASE PROVIDE CONTACT INFORMATION**

NAME	ADDRESS AND TELEPHONE NUMBER

**DETAILS OF COMPLAINT**

**GIVE FULL DETAILS OF YOUR COMPLAINT.** Be specific. What happened? When? **USE BLACK INK.** Type or print legibly. Use additional sheets if necessary. Please attach all pertinent documents regarding this complaint.

Check here if you have included additional sheets or other materials.

**NOTICE:** All complaints must be signed. Such signature also authorizes the Board/Committee/Commission to release a copy of the complaint to the licensee who is the subject of the complaint.

SIGNATURE



DATE