



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
CIU REFERRAL

CENTRAL INVESTIGATION UNIT

FOR CIU USE ONLY

CASE NUMBER

INVESTIGATOR ASSIGNED

DATE ASSIGNED

DATE COMPLETED

FOR BOARD USE

REFERRAL DATE

IMMEDIATE PRIORITY

YES NO

NEXT BOARD MEETING DATE

- | | |
|--|--|
| <input type="checkbox"/> Office of Athletics | <input type="checkbox"/> State Board for Occupational Therapy |
| <input type="checkbox"/> Committee for Professional Counselors | <input type="checkbox"/> State Board of Podiatric Medicine |
| <input type="checkbox"/> State Committee of Dietitians | <input type="checkbox"/> State Committee of Psychologists |
| <input type="checkbox"/> State Board of Embalmers and Funeral Directors | <input type="checkbox"/> Real Estate Appraisers Commission |
| <input type="checkbox"/> Office of Endowed Care Cemeteries | <input type="checkbox"/> Board for Respiratory Care |
| <input type="checkbox"/> Board of Geologists Registration | <input type="checkbox"/> State Committee for Social Workers |
| <input type="checkbox"/> Board of Examiners for Hearing Instrument Specialists | <input type="checkbox"/> Tattoo Artists |
| <input type="checkbox"/> Interior Design Council | <input type="checkbox"/> State Board of Chiropractic Examiners |
| <input type="checkbox"/> State Committee of Interpreters | <input type="checkbox"/> Board of Therapeutic Massage |
| <input type="checkbox"/> State Committee of Marital and Family Therapists | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> State Board of Optometry | _____ |

RESPONDENT OR LICENSEE

LICENSE NUMBER

ADDRESS

CITY

STATE

COMPLAINANT (IF PUBLIC OR AGENCY COMPLAINT)

ADDRESS

CITY

STATE

BOARD CONSULTANT

TELEPHONE NUMBER

LEGAL COUNSEL

TELEPHONE NUMBER

ATTACHMENTS (CHECK ALL THAT APPLY.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Case File | <input type="checkbox"/> Document _____ |
| <input type="checkbox"/> Response | <input type="checkbox"/> Prior Investigation Report | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prior Complaint Summary | <input type="checkbox"/> Inspection Form | |

INVESTIGATIVE DIRECTIVES

EXECUTIVE DIRECTOR'S SIGNATURE

CHIEF INVESTIGATOR'S SIGNATURE