

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

**COMPLAINT FORM**

<p><b>Mail To:</b> <b>TEXAS DEPARTMENT OF LICENSING AND REGULATION</b> <b>ENFORCEMENT DIVISION</b> <b>P.O. BOX 12157 •AUSTIN, TEXAS 78711 (800)</b> <b>803-9202 ( •512) 539-5600</b> <b>FAX 512-539-5698</b> <b><u>enforcement@tdlr.texas.gov</u></b></p>	<p>Date Received: (For Department Use Only)</p>
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**Notice**

Under the Texas Public Information Act, the complainant's identity is not confidential. In the event your complaint is opened for investigation, enforcement procedures require a copy of the complaint and all associated documentation be forwarded to the Respondent including your name and contact information.

**A. You, as the complaining party:** *(If you wish to file your complaint anonymously to ensure your identity is not revealed, you must leave this section blank. If you file your complaint anonymously you will not receive case status updates.)*

Name:		
Address:		
City:	State:	Zip:
Work Phone:	Home Phone:	Fax:
E-Mail:		
<i>Contact from the Department will be via e-mail if you provide an e-mail address</i>		

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

**C. The person, firm, building or facility you are complaining about (Respondent):**

Name:		
Company or Facility Name:		
Physical Address:		
City:	State:	Zip:
Mailing Address (if different than above):		
City:	State:	Zip:
Telephone numbers:	Office -	Fax-
E-mail:		
License or Registration Number:		

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