

# **Arizona Department of Public Safety Licensing Investigations Unit Complaint Form**

## **Please Read This First!**

The Licensing Investigations Unit provides this informational page as a resource to inform you of our complaint process. To ensure that your complaint is submitted to the proper regulatory agency, please read the following before completing and submitting a Complaint Form. **Please print the form, fill it out and mail or fax it to the Licensing Investigations Unit.**

The Licensing Investigations Unit regulates private investigators, security guards and their respective agencies. If your complaint does not directly relate to these entities, please send your complaint to the appropriate agency. Complaints related to agency policies, payroll, contract disputes and other internal incidents should normally be settled directly with the involved agency unless a clear violation of the law is suspected.

## **Filing a complaint against entities regulated by the Licensing Investigations Unit**

If you have a complaint against an agency we regulate, you should first try to resolve it directly by contacting a supervisor of the agency. If for some reason you are unable to resolve the problem, you may wish to contact senior management or the agency's consumer affairs representative for further assistance. Dealing directly with the agency is usually the fastest, simplest and most effective approach. Most companies value their customers and in most situations will be responsive to your concerns. If you are unable to resolve your complaint directly, you may file a complaint with the Licensing Investigations Unit, which is responsible for ensuring that the agencies we regulate comply with applicable state laws.

## **What we will do once you submit a Complaint Form**

Your complaint will be reviewed by our staff who will determine if your complaint is regulated by this office. If it is, we will assign a complaint number to your complaint and contact you in the near future. If the situation still has not been resolved, a member of our staff will contact the agency and any others involved. If necessary, they will be provided a reasonable time frame in which to provide a response. We may also visit the agency and conduct interviews of those knowledgeable of the incident. If additional information is needed, we will contact you by telephone or in writing. If you should have any questions regarding the resolution of your complaint, please let us know.

Following inquiries from the Licensing Investigations Unit, the agency (or person) involved should address the issues raised in your complaint and provide a response to the Licensing Investigations Unit. In some cases, the agency will also respond to you directly. Our staff will analyze the agency's response to determine whether any applicable statutes were violated and we will attempt to resolve your complaint as soon as possible.

## **What we will do following our investigation**

If our investigation of your complaint finds a violation of law or rule, we will inform you of the violation and the corrective action to be taken. However, we do not have authority to resolve contractual disputes or undocumented factual disputes between a customer and an agency. We also do not have the authority to resolve disagreements pertaining to the agency's policies and procedures that are a matter of management discretion and not addressed by the specific laws we enforce. In such cases, if the agency does not make a voluntary adjustment, we will usually advise you to consider obtaining legal counsel regarding your rights to resolve the situation. While the Licensing Investigations Unit endeavors to intercede on behalf of complainants, the transactions at issue are not always within our authority as regulators. This Department's regulatory authority is limited to the laws passed in the legislature that relate to security guards and private investigators.

## **Send Complaint Forms via FAX or US Mail to:**

**FAX: (602) 223-2828**

**DPS Licensing Investigations Unit  
PO Box 6638 MD 3120  
Phoenix, AZ 85005**



**ARIZONA DEPARTMENT OF PUBLIC SAFETY  
LICENSING INVESTIGATIONS UNIT  
COMPLAINT FORM**



**Instructions:**

Please type or print in black ink.

Explain the problem in detail; include all important information, such as dates, places, contracts, letters, advertisements, receipts or other documents that may support your complaint. Attach an additional sheet to explain the problem, if necessary. Keep all original supporting documents for your files.

Please complete the complaint form and return it to our office via email, FAX or US Mail. Our ability to assist you will depend upon your giving us a complete and detailed statement including any misrepresentation made to you.

**Your Information:**

|                 |             |             |
|-----------------|-------------|-------------|
| Name:           |             |             |
| Address Line 1: |             |             |
| Address Line 2: |             |             |
| City:           | State:      | Zip Code:   |
| Home Phone:     | Cell Phone: | Work Phone: |

**Agency(s) and/or Person(s) Complaint is against:**

|                           |            |           |
|---------------------------|------------|-----------|
| Agency or Person(s) Name: |            |           |
| Address Line 1:           |            |           |
| Address Line 2:           |            |           |
| City:                     | State:     | Zip Code: |
| Phone:                    | Cell Phone | Fax:      |

**Additional Information:**

|  |  |
|--|--|
| 1. Would you be willing to testify, under oath, regarding the matters set forth in this complaint? Yes or No ? | <input type="checkbox"/>   |
| 2. Have you complained to the firm(s) and/or person(s) involved? Yes or No ?                                   | <input type="checkbox"/>   |
| To Whom?   |  |
| What was their response?   |  |
| 3. Did you sign any documents? Yes or No ?   | <input type="checkbox"/> if yes, what documents were signed?           |
| 4. Have you contacted an attorney? Yes or No ?   | <input type="checkbox"/> if Yes, please give the attorney's name below |
| Attorney's Name:   |  |
| Address Line 1:  |  |
| Address Line 2:  |  |
| City:  | State: Zip Code:   |

If you answered Yes to Question #4 above, please be aware that the Department may be unable to act while there is pending litigation.

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## Description:

Location of Incident:

Date(s) of Incident: Witness to Incident:

Others Knowledgeable:

Other government agencies contacted:

Please explain the entire circumstances surrounding your complaint below.

## Resolution:

What action by the firm(s) and/or person(s) would resolve this matter to your satisfaction?

***I verify, under penalty of law, that everything contained in the foregoing complaint is true and correct to the best of my knowledge and belief.***

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Date**

Please include the original complaint form, and one copy of any supporting documents. Please keep all original support documentation.

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