

Private Security Services Complaint Form

COMMONWEALTH OF VIRGINIA, *Department of Criminal Justice Services*
Private Security Services Section, P.O. Box 1300, Richmond, VA 23218
Phone #: (804) 786-4700; Fax #: (804) 786-6344; Website: <http://www.dcjs.virginia.gov/pss>

This form is to be used to register with the Department of Criminal Justice Services complaints of possible violations of the private security services license laws and regulations.

- Complaints should be typewritten or printed clearly
- State facts briefly and clearly
- Submit any and all documents you have to support your complaint
- Please complete both sides of this form
- Mail complaint to the above address

Person Registering Complaint

Name: _____

Address: _____
Number and Street City / Town State Zip

Telephone: Residence: () Business: () Fax: ()

Witness(es) (If Applicable)

List additional witnesses (name, address, and other pertinent data) on a separate sheet of paper:

Name: _____

Address: _____
Number and Street City / Town State Zip

Telephone: Residence: () Business: () Fax: ()

Name: _____

Address: _____
Number and Street City / Town State Zip

Telephone: Residence: () Business: () Fax: ()

Name: _____

Address: _____
Number and Street City / Town State Zip

Telephone: Residence: () Business: () Fax: ()

DESCRIBE YOUR COMPLAINT IN DETAIL

Be specific and include dates. Please enclose copies of any contracts or other documents concerning your complaint. If additional space is needed, please use separate sheets and attach to this form.

I certify that the above statements are true and accurate to the best of my recollection.

Signature of Complainant

Date: mm/dd/yy