



Rhode Island Department of Labor and Training
Division of Professional Regulation
1511 Pontiac Avenue
Cranston, RI 02920
Telephone (401) 462-8533 | Fax (401) 462-8528
www.dlt.ri.gov

ALARM COMPLAINT FORM

INSTRUCTIONS: Please complete this form and return to the above address if you have reason to believe that an Alarm Licensee regulated by the Department of Labor and Training has violated the law or failed to meet his/her responsibilities and obligation to the public. Please print or type. This form will NOT be accepted unless signed by complainant.

COMPLAINANT'S name:

Residence:

Mailing address (if different from residence):

Daytime telephone number:

Nighttime telephone number:

Name and address of ALARM AGENCY the complaint is being made:

Name of ALARM AGENT the complaint is being made:

Date, time and place of alleged violation:

On the reverse side of this form, or on an attached piece of paper, thoroughly explain the exact nature of your complaint against the licensee or regulated activity. Include specific information such as date of services, name, address, telephone of offending licensee, account numbers, etc. Also, attach any documentation which you feel will help support your allegations including sales slips, warranty contracts, purchase and sales agreement, canceled checks, travel vouchers, insurance policies, etc.

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

Signed

Date