



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, VA 23218  
Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
(804) 786-1132  
1-877-9STATUS

**COMPLAINT FORM**

**IMPORTANT INFORMATION**

- This form is used to register complaints against individuals, businesses, or training schools about possible violations of the applicable *Code of Virginia* or Regulations associated with the following programs: Private Security Services; Bail Bondsman; Bail Enforcement Agents; Special Conservator of the Peace.
- This form is used to register complaints against individuals, businesses, or training schools about possible violations of the Private Security Regulations.
- Please attach copies of all contracts or other documents that will assist in supporting your allegations. **Failure to submit supporting documentation may result in the complaint being returned to you for more information and delay the process. Do not send original documents** unless absolutely necessary and retain a copy of your complaint form and supporting documentation for your files.
- **NOTE: DCJS cannot guarantee anonymity.** By law, all complaints received by DCJS are subject to public disclosure once a case is closed. Therefore, if you wish to file anonymously, please **do not** include any personal information on the reporting form or submit any supplemental documents that reveal your identity. While DCJS may accept anonymous reports against licensees, it will not proceed if the report lacks sufficient information to suggest a regulatory or criminal violation.

**Complaint Filed By**

Date:	Last Name:	First Name:	MI:
Mailing Address (Street/Apt.#):		City, State, Zip:	
Email Address:			
Home Phone: (    )	Business Phone: (    )	Fax: (    )	

**Complaint Against**

Business or Individual Name: :	DCJS ID Number: :
Mailing Address (Street/Apt.#):	City, State, Zip:

**Other Individuals or Witnesses Involved in Complaint**

Name:	Phone: (    )
Mailing Address (Street/Apt.#):	City, State, Zip:
Name:	Phone: (    )
Mailing Address (Street/Apt.#):	City, State, Zip:
Name:	Phone: (    )
Mailing Address (Street/Apt.#):	City, State, Zip:

**Describe the Complaint in Detail**

Additional Forms Attached Yes  No

Is individual / business aware of your complaint? Yes  No

**Affirmation**

**I wish to complain about the individual/business names above. I understand that a regulatory board does not have the authority to require a licensee to return money, correct deficiencies, or provide other personal remedies. I further understand that decisions regarding this complaint are at the discretion of the Virginia Department of Criminal Justice Services (DCJS). I am submitting this information so that DCJS may determine whether disciplinary action against this individual/business should be considered. I certify that the above statements are true and accurate to the best of my recollection.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yy