

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 980550, West Sacramento, CA 95798-0550

P (916) 322-4000 (800) 952-5210 | F (916) 575-7290 | [www.bsis.ca.gov](http://www.bsis.ca.gov)**COMPLAINT FORM**

PLEASE USE SEPARATE FORM FOR EACH COMPLAINT

**COMPLAINANT INFORMATION (PERSON FILING COMPLAINT)**

FIRST NAME	MIDDLE INITIAL	LAST NAME	
ADDRESS	(CITY)	(STATE)	(ZIP CODE)
PHONE NUMBER (HOME)	(CELL)	(WORK)	OK TO CALL YOU AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL (OPTIONAL)			

**RESPONDENT INFORMATION (COMPLAINT AGAINST PERSON/BUSINESS)**

BUSINESS NAME	
ADDRESS	(CITY) (STATE) (ZIP CODE)
BUSINESS/PERSON PHONE NUMBER	
PERSON YOU DEALT WITH	(FIRST NAME) (LAST NAME)
<b>SPECIFY LICENSE TYPE OF COMPLAINT</b>	
<input type="checkbox"/> Private Patrol Company	<input type="checkbox"/> Security Guard
<input type="checkbox"/> Proprietary Private Security Officer	<input type="checkbox"/> Locksmith/Agent
<input type="checkbox"/> Repossession Agency/Agent	<input type="checkbox"/> Private Investigator
<input type="checkbox"/> Proprietary Private Security Employer	<input type="checkbox"/> Alarm Company/Agent
<input type="checkbox"/> Firearm/Baton Training Facility/Instructor	
IF APPLICABLE, ITEM PURCHASED/REPAIRED/SERVICED	DATE OF PURCHASE/REPAIR/SERVICE:
BRIEFLY DESCRIBE COMPLAINT -- BE SPECIFIC: WHO, WHAT, WHEN, WHERE, HOW) (USE ADDITIONAL PAPER IF NEEDED)	
REMEDY SOUGHT	
IF YOU FILED A COMPLAINT WITH ANOTHER GOVERNMENT AGENCY, PROVIDE NAME OF AGENCY/PHONE NUMBER.	

## READ ALL OF THE FOLLOWING INFORMATION BEFORE SIGNING FORM

### **Collection and Use of Personal Information**

The Department of Consumer Affairs (Department) and the Bureau collect the information requested on this form to follow up on your complaint. The collection of this information is authorized by Business and Professions Code, sections 325 and 326 and the Information Practices Act.

### **Providing Personal Information Is Voluntary**

You are not required to provide personal information such as your name, home address, or home telephone number. Without your personal contact information and ongoing cooperation, we may not be able to pursue your specific complaint.

I would like to keep my information confidential

### **Access to Your Information**

You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. See **Contact Information** section below.

### **Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. However, in order to follow up on your complaint, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Record Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

### **Contact Information**

For questions about this notice, the Department's Privacy Policy, or access to your records, you may contact the Bureau at P.O. Box 980550, West Sacramento, CA 95798-0550, by phone at (800) 952-5210, or by email at [bsis.enf@dca.ca.gov](mailto:bsis.enf@dca.ca.gov).

## **COMPLAINT JURISDICTION**

The Bureau ONLY has jurisdiction over the following license types and, accordingly, is only able to assist you with complaints related to:

- **Private patrol companies, security guards**
- **Proprietary private security employers, proprietary private security officer**
- **Alarm companies** (for residences and commercial buildings) and **alarm agents**
- **Repossession companies and repossession agents**
- **Locksmiths and locksmith employees**
- **Private Investigators**
- **Firearm and baton training facilities and instructors** who are Bureau-certified to train Bureau licensees and applicants.

Include copies of document(s) related to the complaint (contracts, invoices, estimates, etc.).

**NOTE:** Paperwork received will NOT be copied and/or returned to you. Accordingly, do not send original copies and keep a copy of all the documents you do send to the Bureau for your future reference.

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SIGNATURE

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DATE