

**STATE OF KANSAS
OFFICE OF ATTORNEY GENERAL DEREK SCHMIDT**

BAIL ENFORCEMENT AGENT LICENSING

COMPLAINT FORM

Mail to:
Bail Enforcement Agent Licensing
Office of Attorney General
120 SW 10th Ave
Topeka, Kansas 66612-1597

1. Licensed bail enforcement agent against whom complaint is filed:

Name _____
(Last name, First Name)

Agency Name _____
(if applicable)

Address _____
(Full Street address)

(City) (State) (Zip code)

Phone _____
(area code, number & extension)

2. Person filing complaint:

Name _____
(Last name, First Name)

Address _____
(Full Street address)

(City) (State) (Zip code)

Phone _____
(area code, number & extension)

3. **DETAILS OF COMPLAINT:** As fully as possible, provide details concerning your complaint, including any dates, locations, other specifics. Also include names, addresses, and phone numbers of any other persons who may have knowledge of the incident(s). Please specify your relationship to the licensed private detective, e.g., client, employer, employee, other licensed private detective, etc. Use extra pages if necessary. *Attach copies of any documents, which support your statement.*

4. As part of an investigation into this matter, the Office of the Attorney General may require the bail enforcement agent to respond to your allegations(s). While we cannot promise anonymity, is there a reason why you would not want the bail enforcement agent to be informed of your identity? Check one: yes no. If you checked “yes, please explain:

5. Will you willingly testify in a hearing before the Attorney General or her designee should formal disciplinary proceedings be initiated? Check one: yes no. If you checked “no”, please explain:

Signature: _____

Date: _____