



Kansas Attorney General

Derek Schmidt

Private Detective Licensing Unit

120 SW 10th Avenue, 2nd Floor

Topeka, KS 66612-1597

PHONE: (785) 296-4240 • FAX: (785) 368-6468

www.ag.ks.gov

COMPLAINT FORM

Mail to:

Private Detective Licensing

Office of Attorney General

120 SW 10th Ave

Topeka, Kansas 66612-1597

1. Licensed private detective and/or agency 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 Qhleg"qh'j g'Cwqtpg{ 'I gpgtcnmay require the licensed private detective to respond to your allegations(s). While we cannot promise anonymity, is there a reason why you would not want the licensed private detective 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 hku designee should formal disciplinary proceedings be initiated? Check one: () yes () no. If you checked “no”, please explain:

Signature: _____

Date: _____