

Kansas Attorney General

Kris W. Kobach

Private Detective Licensing Unit

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COMPLAINT FORM

Mail to: Private Detective Licensing Office of Attorney General 120 SW 10th Ave Topeka, Kansas 66612-1597

1.	Licensed private d	letective 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 com	plaint:			
	Name	(Last name, First Name)			
	Address	(Full Street address)			
	Phone	(City)	(State)	(Zip code)	
		(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 Attorney General's Office may 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 her designee should formal disciplinary proceedings be initiated? Check one: () yes () no. If you checked "no", please explain:
Sig	gnature: Date: