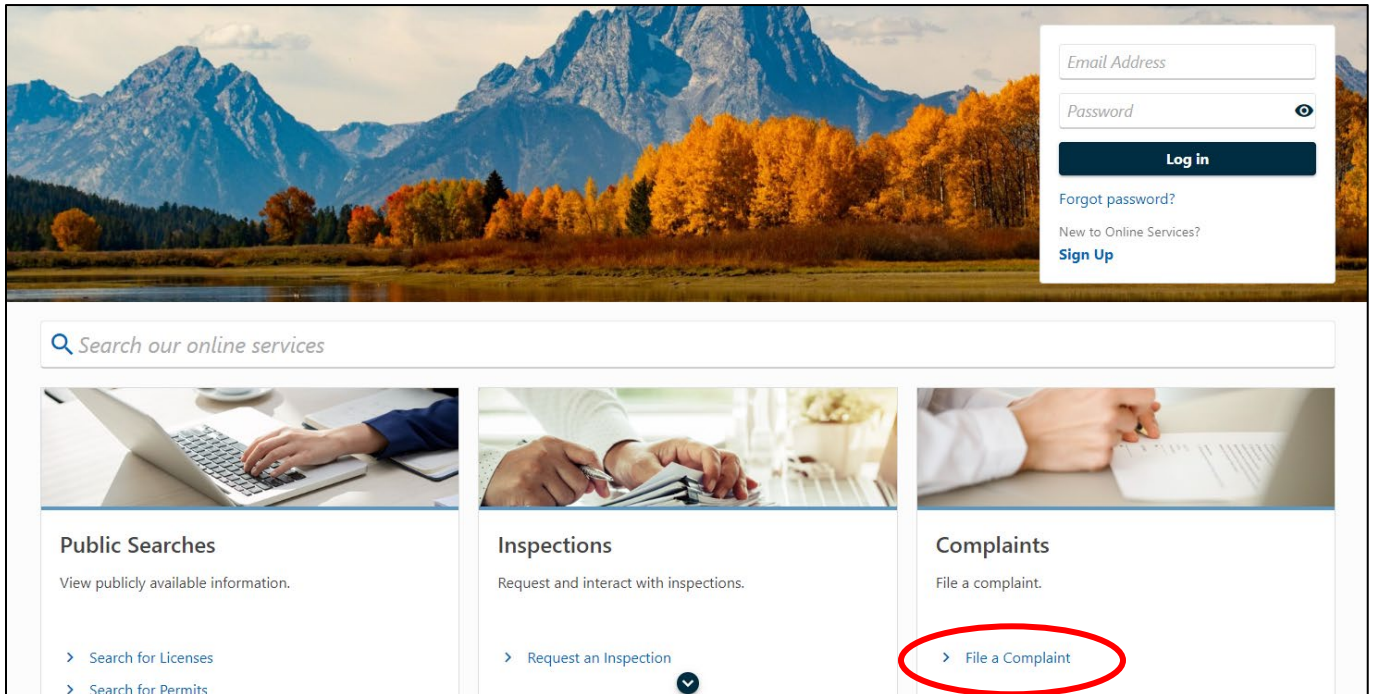


Filing a Damage Prevention Complaint in Online Services

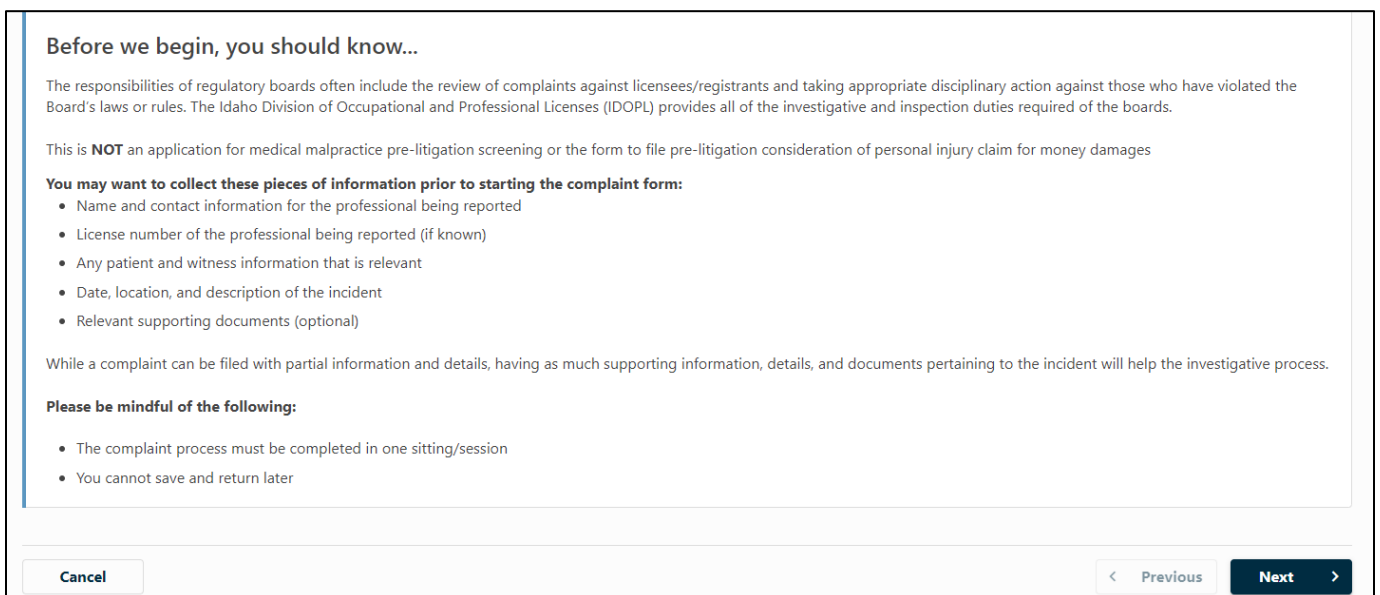
The Complaint Process for the Damage Prevention Board has moved to an online system named *Online Services*. Follow the directions below to submit a complaint and report a potential violation of Idaho's Damage Prevention laws.

1. Go to Online Services at: <https://edopl.idaho.gov/online-services/>.
2. Scroll down to the Complaints section. Click on the **File a Complaint** link.



The screenshot shows the 'Online Services' website interface. At the top right, there is a login form with fields for 'Email Address' and 'Password', a 'Log in' button, and links for 'Forgot password?' and 'New to Online Services? Sign Up'. Below the login form is a search bar with the text 'Search our online services'. Underneath the search bar are three main service categories: 'Public Searches' (with sub-links for 'Search for Licenses' and 'Search for Permits'), 'Inspections' (with a sub-link for 'Request an Inspection'), and 'Complaints' (with a sub-link for 'File a Complaint' which is circled in red). The background of the page features a scenic landscape with mountains and autumn trees.

3. Read through the Introduction and click **Next**.



The screenshot shows the 'Before we begin, you should know...' introduction page. It contains the following text:

Before we begin, you should know...

The responsibilities of regulatory boards often include the review of complaints against licensees/registrants and taking appropriate disciplinary action against those who have violated the Board's laws or rules. The Idaho Division of Occupational and Professional Licenses (IDOPL) provides all of the investigative and inspection duties required of the boards.

This is **NOT** an application for medical malpractice pre-litigation screening or the form to file pre-litigation consideration of personal injury claim for money damages

You may want to collect these pieces of information prior to starting the complaint form:

- Name and contact information for the professional being reported
- License number of the professional being reported (if known)
- Any patient and witness information that is relevant
- Date, location, and description of the incident
- Relevant supporting documents (optional)

While a complaint can be filed with partial information and details, having as much supporting information, details, and documents pertaining to the incident will help the investigative process.

Please be mindful of the following:

- The complaint process must be completed in one sitting/session
- You cannot save and return later

At the bottom of the page, there are navigation buttons: 'Cancel', '< Previous', and 'Next >'. The 'Next >' button is highlighted in dark blue.

4. On the Subject of Complaint page, select **DAMAGE PREVENTION BOARD** from the drop-down menu.

Complaint Submission

Introduction **Subject of Complaint**

Board and License Information

Which board oversees the professional's license or registration?
DAMAGE PREVENTION BOARD

What type of license or registration does the professional or business have? License or Registration Number

5. Complete the required fields under the Subject of Complaint section.
- Select Business or Individual from the drop-down menu to identify who you are filing the complaint against.
 - Select **Individual** if you have a contact name from the company. Complete the required fields.
 - Select **Business** if you do not have a contact name. Complete the required fields.
 - Click **Verify Address**.
 - Click **Next**.

Subject of Complaint

Who are you filing the complaint against?
Individual

First Name: JEANNIEN Last Name: DEWITT
Middle Name:
Phone Number: (208) 332-7140 Email: JEANNIEN.DEWITT@DOPL.IDAHO.GOV

Do you know of an address associated with this person (ex: a business that they operate as a licensed professional, employer address, address of public record associated with the license, etc.)? This address does not have to be where the incident took place.
 No Yes

Business Name: IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES
Business Street Address: 11341 W CHINDEN BLVD
Business Unit Type: BUILDING Business Unit: 4
Business City: BOISE Business State: IDAHO
Business Zip: 83714-0000

Verify Address

Unverified

✔ Verified

cel < Previous **Next** >

6. Complete the Incident Date and Location page.
 - a. **Date of Incident** field: Enter the date of the incident or the date of discovery.

IMPORTANT NOTE: There is a 30-day deadline to file a complaint from the date the incident occurred or from the date it was discovered.

- b. **Incident Street** field: Enter the address if available. If there is no street address, provide the street and cross street information
- c. **Incident City, State,** and **Zip** fields: Complete each field.
- d. Click **Verify Address**.

Incident Date and Location

Date of Incident

Incident Street

Incident Unit Type Incident Unit

Incident City Incident State

Incident Zip **Verify Address**

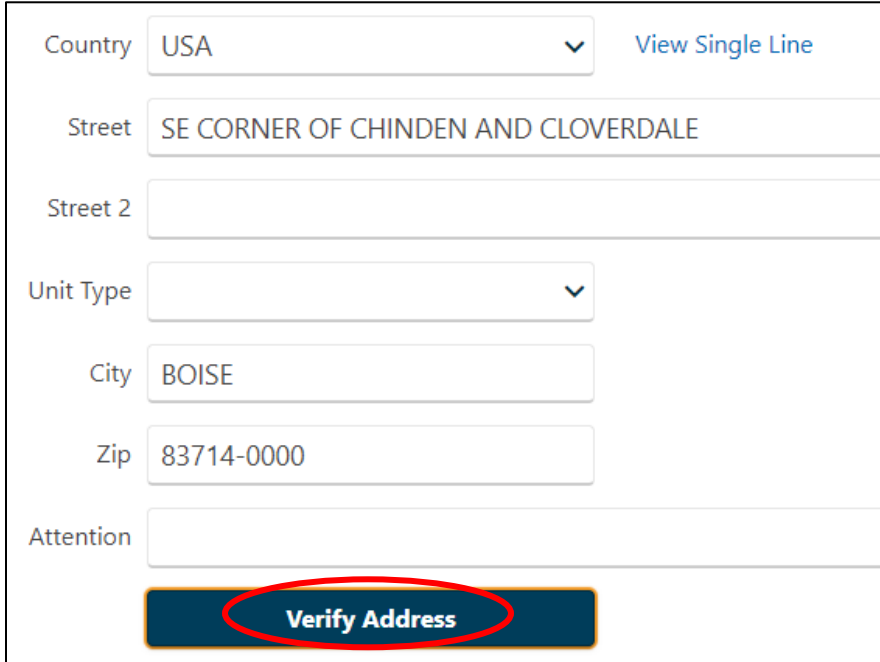
- e. When using street and cross street information, you will receive an error message. Click **OK**.

No valid address was found. Please verify input and revalidate.

OK

County

f. Click **Verify Address** again.



Country USA View Single Line

Street SE CORNER OF CHINDEN AND CLOVERDALE

Street 2

Unit Type

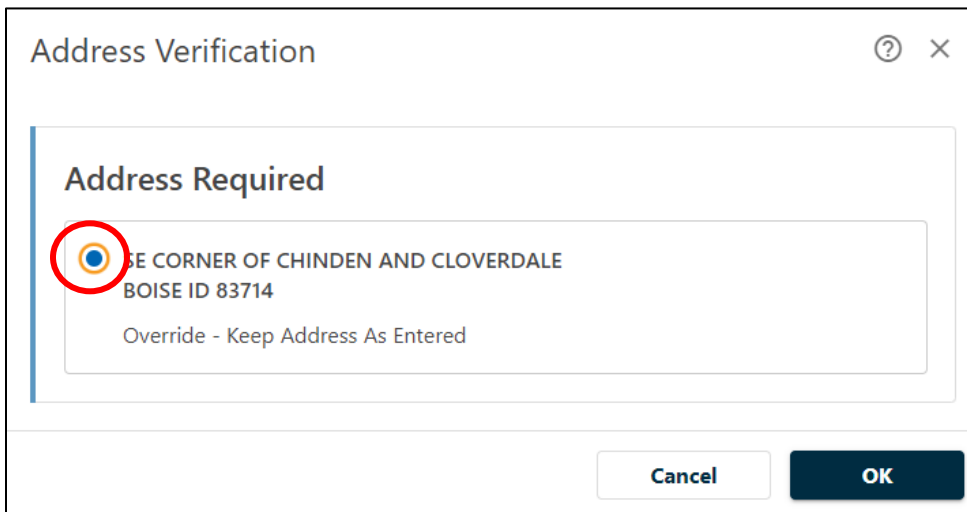
City BOISE

Zip 83714-0000

Attention

Verify Address

g. Click the radio button to override and keep the address as entered. Click **OK**.



Address Verification

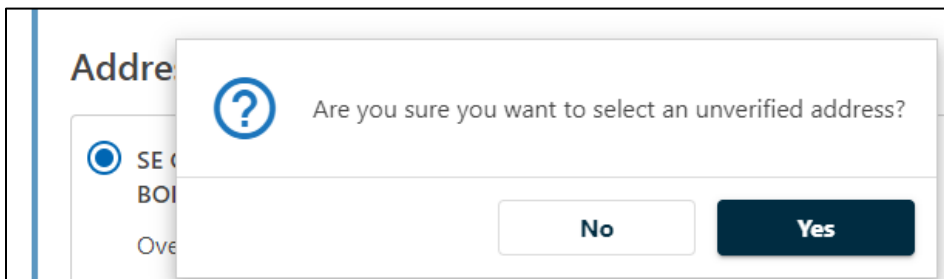
Address Required

SE CORNER OF CHINDEN AND CLOVERDALE
BOISE ID 83714

Override - Keep Address As Entered

Cancel **OK**

h. Then click **Yes** to confirm you want to select the unverified address.



Address

SE C
BOI
Ove

Are you sure you want to select an unverified address?

No **Yes**

- i. Click **Next**.
7. Answer all the questions on the Complaint Details page.
- **Details of Complaint** field: You can enter the details here or attach a document with the details of the incident at the bottom of the page.

What happened during the incident?

Did damage occur?

Yes	No
-----	----

Was there excavator downtime?

Yes	No
-----	----

How many hours of excavator downtime?

Were other employees involved with this incident?

Yes	No
-----	----

Other Employees Involved

Details of Complaint (Max 5000 characters - if documenting the event exceeds the max character limit, please attach a document which contains

- **Have you attempted to contact the licensee concerning your complaint:** “Licensee” refers to the alleged violator/respondent.
- IMPORTANT NOTE: Idaho law requires the complainant to notify the respondent that a complaint is being filed against them.**
- **When was the licensee last contacted:** “Licensee” again refers to the alleged violator/respondent. Enter the date you notified the respondent of your complaint.

Have you attempted to contact the licensee concerning your complaint?


Yes	No
-----	----

When was the licensee last contacted?

Would you be willing to testify if this matter goes to a formal hearing?

Yes	No
-----	----

- Attach supporting documentation to the complaint.
 - **Recommended documentation:** Photos of the alleged violation, one-call ticket information, contracts, text messages, emails, and any other documentation that supports your complaint.
 - **Required documentation:** Proof of written notification to the respondent. You can notify the respondent of the complaint via email or mail.
8. Add relevant documentation to the complaint. Click on **Add Attachment**.

Attachments			
Type	Name	Description	Size
There are no attachments.			
			

- **Description** field: Enter a description of the document you are uploading. For example: “Photo 1,” “Photo 2,” “Locate request ticket,” “Description of the complaint”
- Click **Choose File** and select the file to upload.
- Click **OK**.

Select a file to attach ✕

Type
 ▼

Description

File
 Incident Details.docx

- The attachment you uploaded will be displayed in the table.

Attachments				
Type	Name	Description	Size	
Supporting Documentation	Incident Details.docx	Details of the incident	12.70 KB	Remove

- Repeat Step 8 to upload all relevant documents.
 - After uploading documentation, click **Next**.
9. Complete the My Contact Info page. Click **Verify Address**. Click **Next**.

Name		Email	Phone Number
First Name	<input type="text" value="JEANNIEN"/>	Email Address	Country
Last Name	<input type="text" value="DEWITT"/>	<input type="text" value="JEANNIEN.DEWITT@DOPL.IDAHO.GOV"/>	<input type="text" value="USA"/>
			Phone Type
			<input type="text" value="BUSINESS PHONE"/>
			Phone Number
			<input type="text" value="(208) 332-7140"/>
			Extension
			<input type="text"/>
Address			
Street Address			
<input type="text" value="11341 W CHINDEN BLVD"/>			
Unit Type	Unit	City	
<input type="text"/>	<input type="text"/>	<input type="text" value="GARDEN CITY"/>	
State	Zip	Country	
<input type="text" value="IDAHO"/>	<input type="text" value="83714-1021"/>	<input type="text" value="USA"/>	
<input type="button" value="Verify Address"/>			

10. On the Confirm Submission page, read the statement, enter your full name in the **Signature** field, and click on **Submit**.
11. On the Confirmation page, you have the option to submit feedback on the complaint process. Click **OK** to leave the page.

If you have questions about the complaint process or have issues submitting a complaint in Online Services, contact us at:

- Telephone: 208-334-3233
- Email: dpbcomplaints@dopl.idaho.gov