

### Resources & Services

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## File a Complaint

*Regarding Businesses and Professionals in Tennessee*

### Welcome to the Tennessee Department of Commerce and Insurance's Complaint Assistant.

The Department of Commerce and Insurance regulates several hundred thousand Tennesseans in their professions and businesses. These boards, commissions and programs are empowered to take disciplinary action including revocation of licenses and assessment of civil penalties against license holders found guilty of violating laws governing their professions. Consumers are encouraged to file complaints with the Department of Commerce and Insurance when they feel they have been the victim of an unfair or deceptive business practice, witness unlicensed activity or see suspected misconduct or other violations of respective law or rules.

[Complaints for Regulatory Boards or Fire Licenses/Permits](#)[Complaints for Insurance Companies or Insurance Agents](#)

All fields marked with an asterisk (\*) are required.

Please choose the profession/category of the person or business you are complaining about and your complaint will be directed to the appropriate agency.

Please choose a profession at the drop-down below (required) \*

Choose a profession:

Select

Submit Form

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Choose a profession:

- Accountancy
- Alarm Systems Contractors
- Architectural and Engineering
- Athletic Commission
- Auctioneer Commission
- Blaster/Explosives Handler**
- Building and Fire Safety
- Cigarette Manufacturer
- Collection Service
- Contractors/Home Improvement
- Cosmetology & Barber Examiners
- Court Reporters
- Credit Service Business
- Debt Management
- Electrical/Marinas
- Fire Extinguisher Contractor/Firm
- Fireworks
- Funeral/Embalmers/Burial Services
- Geologists

Choose a profession:

Select  
"Blaster/Explosives Handler"

Then Click  
"Submit Form"

Submit Form

Please read and acknowledge all six (6) questions

**TN** Department of Commerce & Insurance

Go to TN.gov

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Please choose a profession at the drop-down below: (Required)\*

Blasters/Explosives Handler

### Blasting Complaint Form

The Tennessee Department of Commerce and Insurance, Division of Fire Prevention regulates blasting in Tennessee. If you believe non-compliant activity has occurred, use this form to file a complaint. Provide as much information as possible to assist us with an inspection of the non-compliant activities.

To continue, please read and acknowledge that you have read and understand the following statements:

Please be advised, pursuant to the Department's standard procedure, the content of any complaint filed will be forwarded in its entirety to the named Respondent. Submitted complaints are a matter of public record and subject to the Public Records Act under T.C.A. 10-7-501 et seq, and as such are open to inspection by any state citizen. Additionally, this office cannot provide legal advice or represent private individuals who seek refunds or reimbursements. The Department does not have jurisdiction to recover monetary compensation for any individual. If you feel that you need legal assistance, you should consider contacting private legal counsel.

I understand.

Damages or the number of complaints is not the Division's basis for finding a violation. Vibrations that exceed the State allowable values, flyrock, or other violation provided for under State law are the basis for a finding. Tenn. Code Ann. §§ 68-105-101, et seq.

I understand.

The Division does not determine or estimate damages from blasting operations. Tenn. Code Ann. § 68-105-109(d).

I understand.

The Division does not have the authority to seek repairs or compensation for repairs or damages for an individual. The Division only has the authority to seek discipline against a licensee for a violation of State law. Tenn. Code Ann. § 68-105-109(d).

I understand.

The Division does not have the authority to stop blasting for longer than five (5) days, and only in very specific circumstances. Tenn. Code Ann. §§ 68-105-109(a)-(b).

I understand.

Investigators may not complete an on-site investigation for every complaint. Some investigations, such as vibration complaints, can be completed off-site through review of seismic records. Tenn. Code Ann. § 68-105-103.

I understand.

Submit Form

Then Click  
"Submit Form"

## Blasting Complainant

### Complainant

Information about the person making the complaint.

Name of Complainant (Required)\*

First Name

Last Name

Complainant Phone Number (Required)\*

Complainant Email

Complainant Address (Required)\*

Address Line 1

Address Line 2

State



City

ZIP Code

This a self-reported blasting incident.

Yes

(Do not check if you are filing a complaint on the blasting activity of others. Only check if you are a registered blaster or handler and are notifying the department of an incident.)

Has this blasting impacted a person age 65 or Older?

Yes  No

Your answer to this question is voluntary and will only be used by the program to determine if you are eligible for additional resources based on your complaint.



\* Indicates required information

Only for Blasters



## Complaint Details

Information about the blasting in question.

Type of Complaint (Required)\*

**\* Indicates required information**

Description of Complaint (Required)\*

PLEASE NOTE: The number of complaints received for a blast at a location is not the Division's basis for finding a violation. Violations are based on whether a blasting incident violates State law or State Allowable Values (for vibration complaints).

Date of Incident (Required)\*

     

Date of Additional Incident

     

(If incidents occurred on more than one occasion)

Date of Additional Incident

     

(If incidents occurred on more than two occasions)



**\* Indicates required information**

**Incident Site Address**

Address Line 1

Address Line 2

State

City

ZIP Code

**Complaint Site County (Required)\***

**Other description of site location**

(Provide any other site location information that may help us locate the blasting site.)

**File Attachment**

Choose File

Remove File

No File Chosen



### Respondent

If known, please enter information about the Blasting Firm, Blaster, or Handler that performed the blasting.

Blasting Firm Name

Blasting Firm Registration Number

Blaster Name

First Name

Last Name

Blaster Registration Number

Handler Name

First Name

Last Name

Handler Registration Number

Submit Form

If you know this information fill it in, if not leave blank.

Then Click  
"Submit Form"

