



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**

**Department of Criminal Justice Information Services**

200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4600 | TTY: 617-660-4606 | FAX: 617-660-4613  
mass.gov/cjis



**COMPLAINT FORM**

**Incorrect Criminal Offender Record Information**

Complaint Type: Incorrect CORI

Agency/Organization: Organization: \_\_\_\_\_

Name: \_\_\_\_\_

Title

Last

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Suffix

Current Address: \_\_\_\_\_

Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Former Address: \_\_\_\_\_

Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month

Day

Year

Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Names Previously Used:

\_\_\_\_\_

First

Middle

Last

Suffix

\_\_\_\_\_

First

Middle

Last

Suffix

\_\_\_\_\_

First

Middle

Last

Suffix

Mother Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Description of Complaint:

1. List all criminal offenses that presently appear on your CORI that you allege are inaccurate. Include the arraignment date, court, docket number, and offense for each charge. Attach additional sheets if necessary.\*

2. Provide a detailed explanation of why you believe the identified CORI data is inaccurate.\*

3. State the steps you have taken, if any, to correct the inaccurate CORI.\*

4. State the correction you believe is necessary to correct the inaccurate CORI.\*

By signing below, I attest that the information provided in this complaint, and in support thereof, is true to the best of my knowledge.

Signed under the penalties of perjury.

---

Name	Signature	Date
------	-----------	------

**Attach/Include Files**

1. Please attach/include any documentation or correspondence you may have to support your complaint.
2. Please attach/include a legible copy of Government-issued, photo identification.

**Submit Complaint**

This completed complaint form and all required and available supporting documentation must be mailed to the following:

Massachusetts Department of Criminal Justice Information Services  
ATTN: Legal Department  
200 Arlington Street, Suite 2200, Chelsea MA 02150