

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
COMPLAINT FORM

Please reply to:

Complaint # _____

Iowa Department of Public Health
Bureau of Professional Licensure
Lucas State Office Building
Des Moines, IA 50319-0075

PERSON REGISTERING COMPLAINT Provide all information

Name:		Home Phone: ()	
Address: Street Address		Business Phone:	
City:	State:	County:	Zip Code:

COMPLAINT REGISTERED AGAINST

Name:		Home Phone: ()	
Address: Street Address		Business Phone:	
City:	State:	County:	Zip Code:

DETAILS OF COMPLAINT

<p>1. Have you complained to the licensee? Yes () No () When: _____ How: () Telephone () Letter () Other (please specify) _____ _____</p> <p>2. Did Licensee respond? Yes () No () Action taken: _____</p>	<p>3. Have you complained to any other organization? Yes () No () Whom: _____ When: _____ How: () Telephone () Letter () Other (please specify) _____ _____</p> <p>4. Did they respond? Yes () No () Action taken: _____</p>
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5. Briefly state your complaint.

(Use reverse side if necessary)

Would you be willing to testify in an administrative hearing regarding this matter? Yes () No ()

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

Signature _____ Date _____