

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
COMPLAINT FORM

Please reply to: Iowa Department of Public Health Bureau of Professional Licensure Lucas State Office Building Des Moines, IA 50319-0075	Complaint #
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Please Print or Type	PERSON REGISTERING COMPLAINT	Provide all information	
Name:	Home Phone: ()		
Address:	Business Phone: ()		
City:	State:	County:	Zip Code:

COMPLAINT REGISTERED AGAINST			
Name:	Home Phone: ()		
Address:	Business Phone: ()		
City:	State:	County:	Zip Code:

DETAILS OF COMPLAINT	
1. Have you complained to the licensee? Yes () No () When: _____ How: () Telephone () Letter () Other (please specify) _____ _____ 2. Did Licensee respond? Yes () No () Action taken: _____ 	3. Have you complained to any other organization? Yes () No () Whom: _____ When: _____ How: () Telephone () Letter () Other (please specify) _____ _____ 4. Did they respond? Yes () No () Action taken: _____

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: _____

PLEASE ATTACH COPIES OF RELATED DOCUMENTS. DO NOT SEND ORIGINALS