

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
PLUMBING & MECHANICAL SYSTEMS BOARD
COMPLAINT FORM

Please reply to: Iowa Department of Public Health Plumbing & Mechanical Systems Board Lucas State Office Building 321 E 12th Street Des Moines, IA 50319-0075		Complaint #	
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 individual to whom this complaint is registered against? Yes () No () When: _____ How: () Telephone () Letter () Other (please specify) _____ _____		3. Have you complained to any other organization? Yes () No () Whom: _____ When: _____ How: () Telephone () Letter () Other (please specify) _____ _____	
2. Did the individual respond? Yes () No () Action taken: _____ 		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