

## **lowa Department of Public Health Promoting and Protecting the Health of Iowans**

## **Bureau of Substance Abuse – Complaint Form/Licensed Program**

Please Print or Type	PERSON	REGISTERING COMPLAINT	Provide all information
Name:			Home Phone:
Address:			Business Phone:
City:	State	County:	Zip Code:
	COMPLAINT REC	GISTERED AGAINST (Licensed	Programs)
Agency Name:			Business Phone:
Staff Name (if applicable):			
Agency Address:			
City:	State:	County:	Zip Code:
		DETAILS OF COMPLAINT	
How: Telephone 2. Did the Licensed prog 3. Have you previously f Whom: How: Telephone	When: Other (p	No Action taken:  No Action taken:  ny other organization? Yes   please specify)	
4. Did they respond? Yes	S No Action tal	ken:	
5. Briefly state specifics o	f your complaint (Use r	everse side if necessary):	<del></del>
Would you be willing to tes	tify in an administrative	e hearing regarding the matte	r: Yes 🗌 No 🗌
I certify that all information	which I have given her	ein to be true, correct, and co	omplete to the best of my knowledge.
Signature		Date	_
Please mail to: Iowa Department of Pu Division of Behavioral I Lucas State Office Build Des Moines, Iowa 503	Health ding		Complaint # BH (for office use only)