



Bureau of Emergency and Trauma Services  
NOTICE OF COMPLAINT

To file a complaint with the Bureau of Emergency and Trauma Services, please complete both pages of this form and attach all applicable supporting documents such as; witness statements, correspondence, and other information you feel is pertinent to this complaint. Upon receipt of your complaint, the Department will review case facts and determine if this complaint can be investigated and, if so, assign it for investigation. If not, you will be notified. **This form must be completed either electronically or with an ink pen.**

To electronically send the complaint:

Complete the form, attach supporting documents, and attach it to an email. Send the email to:

[travis.clark@idph.iowa.gov](mailto:travis.clark@idph.iowa.gov)

To mail the complaint:

Please sign, date and mail all information to the following address: Iowa

Department of Public Health - BETS/ADPER-EH

ATTN: Travis Clark  
321 East 12<sup>th</sup> Street  
Des Moines, IA 50319

If you have questions regarding this complaint, please call: (515) 281-0601

Your Name:	Complaint Against:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

For Internal Use Only:

Case No.: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Investigator: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Bureau of Emergency and Trauma Services  
NOTICE OF COMPLAINT

Complaint Details (use additional paper if necessary). Include dates, addresses, phone numbers, witnesses, etc.:

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date