## STATE OF IOWA IOWA DEPARTMENT OF PUBLIC HEALTH COMPLAINT FORM

Complaints may also be filed online at: https://ibplicense.iowa.gov. Click on "General Public", then on "File a Complaint".

Please reply to: Iowa Department of Public Health Bureau of Professional Licensure Lucas State Office Building Des Moines, IA 50319-0075				Complaint #	
Please Print or Type	PERSON REGISTERING COMPLAINT		AINT	Provide all information	
Name:				Home Phone:	
Address:					
City:		State:		Business Phone:	
E-mail				Zip Code	
	COMPL	STERED AGAINST	-		
Name:				Home Phone:	
Address:				Business Phone:	
City:		State:		Zip Code	
DETAILS OF COMPLAINT					
1. Have you complained to the licensee?   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 Licensee respond? Yes No Action taken:		4. Did they respond? Yes No			

5. Briefly state your complaint.

(Use reverse side i Would you be willing to testify in an administrative hearing regarding I certify that all information which I have given herein to be true, corr	g this matter? Yes No			
Signature:	Date:			
PLEASE ATTACH COPIES OF RELATED DOCUMENTS. DO NOT SEND ORIGINALS				

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