Texas Department of State Health Services Investigations and QA Group 1100 West 49th Street

Austin, Texas 78756 800-832-9623

LICENSED CHEMICAL DEPENDENCY COUNSELOR COMPLAINT FORM

| (| Please Print or Type) | |
|--|--|--------------------------|
| I. | | |
| Name of Complainant | | |
| Address | | City, State, Zip |
| Home Telephone | | Work Telephone |
| Hereby file with the Texas Department | of State Health Services the following | owing complaint against: |
| Name of Licensed Chemical Dependence | cy Counselor (LCDC) | |
| Address | City, State, Zip | Telephone |
| Current Place of Employment | City, State, Zip | Telephone |
| Complaint: Please state your complaint concerning above. Be specific. Include all names, used to investigate your complaint. Sub | dates, locations, witnesses, and | documents that could be |
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| Complaint (continued) | | |
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| knowledge of the facts that have been | this complaint is true and accurate and that I have personal en stated. I realize the serious nature of making this complaint the three three three true of State Health Services will not be able to take action |
| Signature: | Date: |