

**Texas Department of State Health Services  
Investigations and QA Group  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756  
800-832-9623**

**LICENSED CHEMICAL DEPENDENCY COUNSELOR COMPLAINT FORM**

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(Please Print or Type)

I, \_\_\_\_\_  
Name of Complainant

\_\_\_\_\_ City, State, Zip  
Address

\_\_\_\_\_ Work Telephone  
Home Telephone

Hereby file with the Texas Department of State Health Services the following complaint against:

\_\_\_\_\_  
Name of Licensed Chemical Dependency Counselor (LCDC)

\_\_\_\_\_ Telephone  
Address City, State, Zip

\_\_\_\_\_ Telephone  
Current Place of Employment City, State, Zip

**Complaint:**

Please state your complaint concerning the Licensed Chemical Dependency Counselor referenced above. Be specific. Include all names, dates, locations, witnesses, and documents that could be used to investigate your complaint. Submit additional pages if necessary.

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