

**Texas Department of State Health Services
Substance Abuse Compliance Group
Investigations
1100 West 49th Street
Austin, Texas 78756
Mail Code 2823
800-832-9623**

SUBSTANCE ABUSE TREATMENT FACILITY COMPLAINT FORM

(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 the Substance Abuse Treatment Facility

_____ Telephone
Address City, State, Zip

Complaint:

State your complaint concerning the Substance Abuse Treatment Facility 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.

Complaint (continued)

I swear the information given in this complaint is true and accurate and that I have personal knowledge of the facts which have been stated. I realize the serious nature of making this complaint and recognize that the Texas Department of State Health Services will not be able to take action without my continued cooperation.

Signature: _____

Date: _____