



COMPLAINT FORM
Inspection Unit – Radiation Branch
Incident Investigation Program
(512) 834-6770

COMPLAINANT INFORMATION (PERSON REPORTING). IF YOU WISH TO REMAIN ANONYMOUS, PLEASE SKIP TO THE INFORMATION ON ALLEGED VIOLATOR SECTION.

Today's Date: _____

Name: _____

Address: _____
Street Address City State Zip

Home Phone: _____ Work Phone: _____

INFORMATION ON ALLEGED VIOLATOR (PERSON OR PERMITEE)

Name: _____

License or Registration Number (if known): _____

Address: _____
Street Address City State Zip

Business Phone: _____ Other Phone: _____

SUPPORTING DOCUMENTATION

Attach documentation such as charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

DETAILS OF COMPLAINT

Date of Complaint: _____

Dates of Violations: From: _____ To: _____

Details of Complaint: _____

Dates of Violations: From: _____ To: _____

Details of Complaint: _____

Signature of Complainant (Optional): _____

Mail your completed packet to:

Texas Department of State Health Services
Inspection Unit – Radiation Branch
Environmental Monitoring Group
1100 West 49th Street
Austin, Texas 78756-3189

or

You may email to:
Robert.Free@dshs.state.tx.us