



**Professional Licensing and Certification Unit**  
**COMPLAINT FORM**

NAME OF REGULATORY BOARD/PROGRAM  
**1-800-942-5540 (Complaint Hotline)**  
Please call if you are unsure to which Board/Program you should direct your complaint.

**COMPLAINANT INFORMATION (PERSON REPORTING)**

Name: .....

Address: .....  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: .....

**LICENSEE INFORMATION (ALLEGED VIOLATOR)**

Name: .....

Address: .....  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: .....

**CLIENT-PATIENT INFORMATION (IF APPLICABLE)**

Name: .....

Address: .....  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: .....

Complainant's Relationship to Client: .....

Is the client a minor?  Yes  No If yes, give age: .....

**SUPPORTING DOCUMENTATION**

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

