## 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:	City	State	Zip	
Home 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, giv	ve 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.				

DETAILS OF COMPLAINT
Dates of Client-Patient/Licensee Relationship: From:To:
Dates of Violations:
Details of Complaint:
State of Texas County of
Signature of Complainant

Mail your completed packet to:

Investigations PO Box 141369 Austin, Texas 78714-1369