TEXAS DEPARTMENT OF HUMAN SERVICES
CREDENTIALING DEPARTMENT
P.O. Box 149030

Austin, Texas 78714-9030
(512) 834-6787

MAIL CODE: Y-978

## COMPLAINT FORM



## LICENSEE INFORMATION (alleged violator)

Name: $\qquad$

Address: Street Address City

Home Phone: $\qquad$ Work Phone: $\qquad$

## SUPPORTING DOCUMENTATION

Attach documentation such as cancelled 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

Inclusive Dates of Client-Patient/Licensee Relationship: FROM: $\qquad$ TO: $\qquad$
Dates of Occurrences Indicating Rule Violations: $\qquad$
Rule Violations (see board rules): $\qquad$
DETAILED SUMMARY OF WHAT ACTUALLY OCCURRED THAT CONSTITUTES A
STATUTORY OR RULE VIOLATION (Attach additional sheets if necessary):
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Signature of Complainant

## NAME OF LICENSEE:

## DETAILS OF COMPLAINT CONTINUED:

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

