TEXAS DEPARTMENT OF HUMAN SERVICES CREDENTIALING DEPARTMENT P.O. Box 149030 Austin, Texas 78714-9030 (512) 834-6787 MAIL CODE: Y-978

COMPLAINT FORM

CO	MPLAINANT IN	IFORMA	TION ((person reporting)
Name:				
Address:Street Address	City	State	Zip	
Home Phone:	Work Phone:			

	L	ICENSEE I	NF(ORMAT	ION (a	allege	d viol	ator)		
Name:							_				
Address:	Street Address	Ci	ty	State	Zip						
Home Ph	one:	Work Phone	:								

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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: FRO Dates of Occurrences Indicating Rule Violations: Rule Violations (see board rules): DETAILED SUMMARY OF WHAT ACTUALLY OCCUI STATUTORY OR RULE VIOLATION (Attach additional states)	RRED THAT CONSTITUTES A			
	Signature of Complainant			

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NAME OF LICENSEE:	<u></u>
DETAILS OF COMPLAINT CONTINUED:	

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