

Complaint Form

Complaints may also be filed online at: <https://ibpl.license.iowa.gov>.

Please reply by mail:
Bureau of Professional Licensure
 321 E 12th St.
 Des Moines, IA 50319-0075
 Or email:
Ppublic@idph.iowa.gov

Please Print or Type	PERSON REGISTERING COMPLAINT	Provide all information
Name:		Home Phone:
Address:		Business Phone:
City:	State:	Zip Code
E-mail		
COMPLAINT REGISTERED AGAINST		
Name:		Home Phone:
Address:		Business Phone:
City:	State:	Zip Code
Profession:	License #:	
DETAILS OF COMPLAINT		
If you were not the client/patient who received services from the licensee, please identify the person(s) who were being seen by the licensee (Name, DOB).		

Briefly state your complaint (Use reverse side if necessary):

Would you be willing to testify in an administrative hearing regarding this matter? Yes No

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

Signature: _____ Date: _____

PLEASE ATTACH COPIES OF RELATED DOCUMENTS. **DO NOT SEND ORIGINALS**