
Would you be willing to testify in an administrative hearing regarding the matter: Yes No

Do you wish to remain anonymous: 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 mail to:
Iowa Department of Public Health
Division of Behavioral Health
Lucas State Office Building
Attn.: Health Facilities Officer
Des Moines, Iowa 50319-0075

Complaint # BH-_____
(for office use only)

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