STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
COMPLAINT FORM

Complaints may also be filed online at: https://ibplicense.iowa.gov. Click on "General Public", then on "File a Complaint".

Please reply to:
Iowa Department of Public Health
Bureau of Professional Licensure
Lucas State Office Building
Des Moines, IA 50319-0075

Complaint #

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

DETAILS OF COMPLAINT

1. Have you complained to the licensee?
Yes ☐ No ☐

When:

How: ☐ Telephone ☐ Letter
☐ Other (please specify)

2. Did Licensee respond? Yes ☐ No ☐

Action taken:

3. Have you complained to any other organization?
Yes ☐ No ☐

Whom:

When:

How: ☐ Telephone ☐ Letter
☐ Other (please specify)

4. Did they respond? Yes ☐ No ☐

Action taken:

5. 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**