



Professional Licensing and Certification Unit
COMPLAINT FORM

NAME OF REGULATORY BOARD/PROGRAM
1-800-942-5540 (Complaint Hotline)
Please call if you are unsure to which Board/Program you should direct your complaint.

COMPLAINANT INFORMATION (PERSON REPORTING)

Name:
Address:
Home Phone: Work Phone:

LICENSEE INFORMATION (ALLEGED VIOLATOR)

Name:
Address:
Home Phone: Work Phone:

CLIENT-PATIENT INFORMATION (IF APPLICABLE)

Name:
Address:
Home Phone: Work Phone:
Complainant's Relationship to Client:
Is the client a minor? Yes No If yes, give age:

SUPPORTING DOCUMENTATION

Attach documentation such as canceled checks or receipts, charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

Empty box for additional information or signature.

**DETAILS OF COMPLAINT**

Dates of Client-Patient/Licensee Relationship: From: \_\_\_\_\_ To: .....

Dates of Violations: .....

Details of Complaint: .....

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State of Texas County of \_\_\_\_\_

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**Signature of Complainant**

**Mail your completed packet to:**

Investigations  
PO Box 141369  
Austin, Texas 78714-1369