



Promotor(a)/Community Health Worker Training and Certification Program COMPLAINT FORM

Instructions: Read the following instructions prior to completing the complaint form. Your complaint will be reviewed to verify that the complaint is a potential violation of law/rules. Please type or print all information.

PERSON REPORTING: Type or print your name, address, and phone numbers, and e-mail address.

COMPLAINT REGISTERED AGAINST: Type or print the name, address, name of business and phone numbers, and e-mail address of the community health worker, instructor, or training program whom you are filing the complaint against.

DETAILS OF COMPLAINT:

- **Date(s) of violation(s):** List each date on which a violation (incident) occurred.
- **Details of Complaint:** Describe your complaint. Your narrative should address the reason(s) for your complaint. Be as specific as possible by providing dates, places, times, etc. of when suspected violation occurred. Include any witness(es) who may have knowledge of the event(s) that you have described. If possible, any witness should be fully identified by name, address and phone number(s) only with their consent. You may attach additional pages if necessary. Your complaint should include details that answer "who, what, when, where, why and how the event occurred."

MAILING INSTRUCTIONS

Keep a copy of your completed complaint form and any documentation you submitted.

Mail your completed packet to:

Department of State Health Services,
Promotor(a)/Community Health Worker Training and Certification Program,
Mail Code 1945, P.O. Box 149347, Austin, Texas 78714-9347

For questions, email program staff at CHW@dshs.texas.gov or call 512-776-3860.

PERSON REPORTING			
Name:		
Address:		
	Street Address	City	State Zip
Contact information:			
Home or Cell Phone:	_____	Work Phone:	_____
Email:	_____		

