

PLEASE PRINT OR TYPE

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD 1601 RESPONSE ROAD, SUITE 260, SACRAMENTO, CA 95815 PHONE (916) 287-7915 FAX (916) 263-2668 WWW.SPEECHANDHEARING.CA.GOV



CONSUMER COMPLAINT FORM

PERSON REGISTERING COMPLAINT				
NAME OF PATIENT				
NAME OF PERSON LODGING COMPLAINT	HOME TELE	PHONE ()		
RELATIONSHIP TO PATIENT:	WORK TELE	PHONE ()		
ADDRESS (NUMBER AND STREET)				
CITY	STATE	ZIP	CODE	
PERSON COMPLAI	NT REGISTERED AGAINST			
NAME		BUSINESS TELEPHONE		
ADDRESS	L	ICENSE NUMBEI	R: (If known)	
CITY	STATE Z	IP CODE		
DETAILS	OF COMPLAINT			
DATE OF VISIT	HOW LONG HA	VE YOU BEEN A	PATIENT?	
Month Day Year		Yrs	Mos.	
	Attach ad	ditional page(s) if more	space is needed.	

CONSUMER COMPLAINT FORM (Cont.)

Attach additional pages if more space is needed.	
I authorize the release of any information relating to my case from any audiologist, or any health care practitioner who has provided treat persons listed above. I further agree that the Board and its representa of my records and treatment information to the Speech-Language Hearing Aid Dispensers Board and/or any other governmental a information as part of an investigation into other possible violati regulations.	ment to me, including those tives may release any and all e Pathology, Audiology and gency which requests such
The above information is a true and accurate statement regarding my com	plaint.
Signature	Date
Print Name	-