

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-Hearing Aid Dispenser Please Print or Type

Person RegisteringComplaint	
Name:	Home Telephone: ()
StreetAddress:	
City, State, Zip Code:	Date of Visit:

Person Complaint Registered Against					
Name:	Business Telephone:				
	()				
Street Address:					
City, State, Zip Code:					

Please Explain Your Complaint in Detail

Hearing Aid Complaint Form (cont'd)

1.	Were you examined by a	a physician?	_Was this physician an ear specialist?				
	Did you sign a waiver to	avoid a doctor's examination?	Yes_	No	Date of exam		
					Right Ear	Left Ear	
2.	Hearing aid data:	Make:		Serial #:			
		Model:					
	Date hearing aid(s) purc * Attach copy of purchase a	hased* greement/receipt	Date	hearing a	id(s) received		
3.	First complaint to hearing	ng aid dispenser	spenser(date)				
	Nature of complaint to h	nearing aid dispenser:					
4.	Was hearing aid or ear r	nold adjusted?	Wa	as new ea	r mold made?		
	Was hearing aid returne	d to factory?	Wher	n was hea	aring aid returned to	o you?	
	Did you receive credit fo	r a trade-in or old aid?			If so, did the disper	nser indicate his intended	
	use of the hearing aid?						
	Under what conditions w	as the aid returned?					
5.	Second complaint to hea	aring aid dispenser				(date)	
6.	Was a refund requested	d?If so, on w	hat da	ate			
	Was a receipt provided	for returned hearing aids? (A	ttach	a copy of	the receipt if provi	ded)	
7.	Additional complaints to additional page(s) if nec	hearing aid dispenser essary.				(date) Please attach	
8.	If this complaint is relate with masthead.	d to a hearing aid dispenser's a	advert	ising, plea	ase attach an origir	nal copy of the advertisement	
I authorize the release of any information relating to my case from any hearing aid dispenser including the dispenser named in this complaint. I further agree that the Board and its representatives may release any and all of my records and treatment information to any other governmental agency which requests such information as part of an investigation into other possible violations of California laws & regulations.							

I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge all of the above statements are correct.