



**STATE OF IOWA
COMPLAINT FORM**

Complaints may also be filed online at: <https://ibplicense.iowa.gov>.

Please reply by mail or email:

Iowa Department of Inspections, Appeals, & Licensing
6200 Park Avenue, Suite 100
Des Moines, Iowa 50321-1270

PLpublic@idph.iowa.gov

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
Profession:	License #:	

DETAILS OF COMPLAINT

If the Board needs to request medical records, please provide the name and date of birth of the patients/clients.

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**