



STATE OF ARIZONA
BOARD OF BEHAVIORAL HEALTH EXAMINERS
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Board E-Mail Address: information@azbbhe.us

JANICE K. BREWER
Governor

DEBRA RINAUDO
Executive Director

COMPLAINT FORM: (REV. 07/15/10)

PLEASE PRINT LEGIBLY OR TYPE. Use additional pages if necessary, and please sign each page.

Date: _____

1. PROFESSIONAL:

NAME: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

2. COMPLAINANT:

NAME: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

3. THIRD PARTY, ON BEHALF OF :

NAME: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

Telephone Number: A/C: _____

4. Have you discussed this complaint with the person against whom it has been filed?

Yes (if yes, date: _____) No _____

Signature of Person Filing Complaint - Please Sign Each Page

