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ATTENTION: "INVESTIGATION DEPARTMENT"
NOTIFICATION OF COMPLIANT AGAINST A LICENSED
RESPIRATORY THERAPIST

COMPLIANT RECEIVED FROM: EMPLOYER SELF REPORT OTHER

PLEASE PROVIDE THE FOLLOWING:

YOUR FULL NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO LICENSEE: _____

NAME OF LICENSEE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMPLOYER/BUSINESS NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SUPERVISOR'S NAME & TITLE: _____

PHONE NUMBER: _____

FAX NUMBER: _____

DESCRIBE COMPLIANT: _____

NOTE: PLEASE ATTACH ANY DOCUMENTS RELATED TO THE COMPLAINT

COMPLAINANT: _____

(Printed Name)

(Signature)

Date: _____