



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT
HEALTH PROFESSIONAL LICENSING OFFICE



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAGA'

ARTHUR U. SAN AGUSTIN, MHR
ACTING DIRECTOR

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LÁHI

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

COMPLAINT FORM

- ALLIED HEALTH, SOCIAL WORK, PHARMACY, OFFICE STAFF, OPTOMETRY, MEDICAL, EMS, BARBER & COSMETOLOGY, NURSE, DENTAL

- 1. Name of Person/Licensee you are filing the complaint against:
2. The Person/Licensee's Profession:
3. Complaint: (In your own words, please explain in detail, what happened, including dates, time and place(s), etc. Use a separate sheet of paper if necessary.) Attach photos or documents as evidence.

4. By Submitting this complaint form, I understand that I will be called to testify before the Board and the Attorney General of Guam to verify the information provided above as part of the investigation:

Print Name/Signature: Date:

5. Mailing Address:

6. Email Address: 7. Phone Number(s):

\*\*FAILURE TO INCLUDE YOUR CONTACT INFORMATION WILL NOT BE ENTERTAINED BY THE BOARD\*\*

FOR OFFICIAL USE ONLY

Received By Staff: Initial: Date Received:

Received by Board Member: Date: