



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAGA'

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

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



ARTHUR U. SAN AGUSTIN, MHR
DIRECTOR

LAURENT SF DUENAS, MPH, BSN
DEPUTY DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

COMPLAINT FORM

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

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****

Please print and sign the Complaint form and return it with your original signature to our office. You may contact us 671-735-7404/7405/7408/7409/7410/7412 for more information.

FOR OFFICIAL USE ONLY

Received by Staff: _____ Initial: _____ Date Received: _____

Received by Board Member: _____ Date: _____

Complaint #: _____ Board Member Assigned to complaint: _____