



GOVERNMENT OF GUAM

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



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DEPUTY DIRECTOR

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DEPUTY DIRECTOR

COMPLAINT FORM

- Checkboxes for ALLIED HEALTH, SOCIAL WORK, PHARMACY, OFFICE STAFF, OPTOMETRY, MEDICAL, EMS, BARBERING & COSMETOLOGY, NURSING, 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**
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: