



GOVERNMENT OF GUAM

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



LOURDES A. LEON GUERRERO
MAGA'HAGAN GUAHAN
GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

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DEPUTY DIRECTOR

JOSHUA F. TENORIO
SEGUNDO MAGA'LÁHEN GUAHAN
LT. GOVERNOR OF GUAM

TERRY G. AGUON
DEPUTY DIRECTOR

COMPLAINT FORM

- 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: