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

LOURDES A. LEON GUERRERO
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GOVERNOR OF GUAM

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LT. GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

COMPLAINT FORM

☐ ALLIED HEALTH ☐ OPTOMETRY ☐ BARBERING & COSMETOLOGY
☐ SOCIAL WORK ☐ MEDICAL ☐ NURSING
☐ 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.

   _____

   _____

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   _____

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   _____

   _____

   _____

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: _____

(Rev. 2/27/2024)