



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.

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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: \_\_\_\_\_