



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services

Division of Public Health

Investigations - Healthcare Professionals and Occupations

Public Complaint Form to Report Adverse Action of Licensed or Unlicensed Healthcare Professional

State of Nebraska
 Department of Health and Human Services, Division of Public Health
 Office of Professional & Occupational Investigations
 P.O. Box 94722, Lincoln, Nebraska 68509
 Phone: 402-471-0175
 Fax: 402-742-8335
 Email: DHHS.InvestigationsPOL@nebraska.gov

Complainant - Your Information

Prefix	First Name*	Last Name*	Middle Initial	Suffix
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Primary Phone	Alt Phone	Fax
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Email Address

Physical Address:

Address Line 1*	Address Line 2
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City*	State*	Zip Code*
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Is Mailing Address the same as Physical Address? Yes No

Mailing Address:

Address Line 1	Address Line 2
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PO Box	City	State	Zip Code
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Preferred Method of Contact

Do you wish to remain anonymous? Yes No

Complaint Filed Against

Prefix	First Name	Last Name	Middle Initial	Suffix
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Profession	License Number
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Primary Phone	Alt Phone	Fax
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Email Address

Physical Address:			
Address Line 1		Address Line 2	
City	State		Zip Code
Is Mailing Address the same as Physical Address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address:			
Address Line 1		Address Line 2	
PO Box	City	State	Zip Code
Reason for Complaint*			
Please describe the complaint and include as much detail as possible. Include where and when the complaint occurred and whom the complaint is against. Attach any additional documentation.			

Patient/Client Associated with Report				
Prefix	First Name	Last Name	Middle Initial	Suffix
Date of Birth		Primary Phone Number	Alternate Phone Number	
<p>The statements I have made are true and correct to the best of my knowledge.</p> <p>I agree to testify in any licensure hearings that may arise as a result of my complaint. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Please sign your name below.*				
Date Signed*				