

# ALABAMA BOARD OF HOME MEDICAL EQUIPMENT



## COMPLAINT FORM

<b>Your Mr. Name Mrs.</b>		
(Last Name)	(First)	(Middle)
Your Address (Street)		
(City)	(County)	(ST) (Zip)
<b>Your Home Telephone</b> ( )	<b>Telephone you can be reached during the day</b> ( )	

Whom do you wish to complain about?

Name: \_\_\_\_\_

Organization : \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City) (ST) (Zip) (Telephone Number)

To Whom did it happen? To You ( ) To a member of your family ( )

Please Identify: \_\_\_\_\_

Did anyone witness what happened? Yes ( ) No ( )

Who? (Give Name): \_\_\_\_\_

Could this witness confirm your story? Yes ( ) No ( )

Would witness be willing to testify? Yes ( ) No ( )

Would you be willing to testify if necessary? Yes ( ) No ( )

Do you have any bills, forms, or other written evidence that concern this complaint? Yes ( ) No ( )

If so, please send **copies** of the related papers along with this form, **DO NOT** send originals.

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All the above information I have given in this complaint is true, correct, and accurate.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please continue to the next page to describe the details of this complaint.**

Please Return to: The Alabama Board of Home Medical Equipment

P.O. Box 240636

Montgomery, AL 36124-0636

Contact:

Phone: 334.215.3474 FAX: 334.215.3457