

ALABAMA BOARD OF HOME MEDICAL EQUIPMENT SERVICES PROVIDERS



COMPLAINT FORM

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

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.

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 Services Providers

P.O. Box 240636

Montgomery, AL 36124-0636

Contact:

Phone: 334.215.3474

FAX: 334.215.3457

E-mail: paulamccaleb@gmail.com