

Alabama Board of Home Medical Equipment

(334) 420-7232
Fax (334) 263-6115
[www. homemed.alabama.gov](http://www.homemed.alabama.gov)

Complaint Form

Your Mr.
Name (Mr. / Mrs.) _____
(Last) (First) (Middle)

Your Address: _____
(Street Address)

(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 next page to describe the details of this complaint.

Please Return to: The Alabama Board of Home Medical Equipment

Contact: Phone: 334-215-3474

FAX: 334-215-3457

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