

## INSTRUCTIONS FOR COMPLETING THE COMPLAINT PACKET

Please read the following instructions prior to completing the complaint form. Your complaint will be reviewed to verify that the complaint is a potential violation of law/rules. Please type or print all information. Potential violations will be investigated and a summary of our findings will be sent to you, unless you choose to remain anonymous.

### COMPLAINT FORM

**PERSON REGISTERING COMPLAINT:** Please type or print your name, address and phone numbers or write “anonymous.”

**INFORMATION ON ALLEGED VIOLATOR:** Please type or print the name, address, name of business and phone numbers of the person or establishment whom you are filing the complaint against. If you are filing a complaint against more than one individual, please list the names, addresses and phone numbers on a separate sheet.

**SUPPORTING DOCUMENTATION:** Supporting documentation is extremely important. Please enclose any documents that support your complaint. No documents will be returned to you, so keep copies for yourself of anything you send to us.

**DETAILS OF COMPLAINT:** Below are suggestions that may help you in recalling details of your complaint.

**Date(s) of violation(s):** List each date on which an alleged violation or incident occurred.

**Details of Complaint:** Describe your complaint. Your narrative should address the reason(s) for your complaint. Please be as specific as possible by providing dates, places, times, etc. If specific information is not available, please give the next best available; i.e., “I cannot recall the exact date, but it was a Monday in January...” It is helpful if you can note how you are able to recall the date or day of the week. It is important to identify any individual(s) who may have knowledge of the event(s) that you have described. If possible, any such individual(s) should be fully identified by name, address and phone numbers. You may attach additional pages if necessary. Your complaint should include “who, what, when, where, why and how.”

### MAILING INSTRUCTIONS

Please keep a copy of your completed **COMPLAINT FORM** and any documentation that you’ve included.

Mail your completed packet to: Texas Department of State Health Services, Inspection Unit – Radiation Branch, Environmental Monitoring Group, Mail Code 1986, PO Box 149347, Austin, Texas 78714.

If you have questions, you may contact [RAMASSIST@dshs.texas.gov](mailto:RAMASSIST@dshs.texas.gov), or call (512) 834-6770.



COMPLAINT FORM  
Inspection Unit – Radiation Branch  
Incident Investigation Program  
(512) 834-6770

**COMPLAINANT INFORMATION (PERSON REPORTING). IF YOU WISH TO REMAIN ANONYMOUS, PLEASE SKIP TO THE INFORMATION ON ALLEGED VIOLATOR SECTION.**

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**INFORMATION ON ALLEGED VIOLATOR (PERSON OR PERMITEE)**

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

License or Registration Number (if known): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**SUPPORTING DOCUMENTATION**

Attach documentation such as charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

**DETAILS OF COMPLAINT**

Date of Complaint: \_\_\_\_\_

Dates of Violations: From: \_\_\_\_\_ To: \_\_\_\_\_

Details of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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