

## HEALTHCARE PROFESSIONS PROFILING PROGRAM

## COMPLAINT FORM

☐ Disciplinary actions			
☐ Restrictions or suspensions			
☐ Healthcare facility actions			
☐ Termination of employment			
☐ DEA registration			
☐ Criminal conviction			
☐ Malpractice claims or refusal			
☐ Other. Please describe:			
1. Provide a chronological statement of your complaint, including dates and type or legibly write your complaint on the complaint form. Attach any documents relevant to your complaint. (Please attach a separate sheet of paper for any additional information.)			
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5. Email or print and mail the complaint form and additional documentation to:

DIVISION OF REGISTRATIONS HEALTHCARE PROFESSIONS PROFILING PROGRAM 1560 Broadway, Suite 1350 Denver, Colorado 80202

7.	How did you hear about DORA? (check all that apply)			
	☐ Newspaper		$\square$ DORA Public Information Session	
	$\square$ TV		☐ Referred by:	
	□ Radio		☐ Other:	
	☐ Internet			
I ATTEST THAT ALL STATEMENTS MADE BY ME RELATED TO THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
Pri	nt Name	Signature	Date	