

COMPLAINT INFORMATION

For State Use Only

Complaint number

Date received

Facility ID number

CLIA number

Name of complainant

Address of complainant (number, street)

City

State

Zip code

Telephone
()

COMPLAINT AGAINST

Name of Facility

Address of facility (number, street)

City

State

Zip code

Telephone
()

Name(s) of facility personnel involved

Date and time of incident(s)

Description of incident(s) (attach additional pages, if necessary)

Please attach any documentation you may have, (i.e. copies of laboratory reports, quality control records, laboratory billings, etc.) and forward to:

Attention: Complaints
California Department of Public Health
Laboratory Field Services - Complaints
320 W 4th Street, Suite 890
Los Angeles, CA 90013