

MARYLAND DEPARTMENT OF HEALTH
State Board of Environmental Health Specialists



4201 Patterson Avenue, Baltimore, MD 21215
Phone: 410-764-3512 • Fax: 410-358-5674

COMPLAINT FORM

Please complete this form using non-erasable ink. The completed form may be submitted to the Board using any of the following methods: (1) Via e-mail to Donna.Zickefoose@Maryland.gov; (2) Mailed to Maryland Board of Environmental Health Specialists, 4201 Patterson Avenue, Baltimore, MD 21215; or (3) Faxed to 410-358-5674.

I. Complainant Information

A. Full Name: _____

B. Full Address: _____
Street City State Zip Code

C. Home Phone: _____ D. Work Phone: _____

E. E-mail (Optional): _____

II. Licensee or Certificate Holder Information

A. Full Name: _____

B. License/Certificate Number: _____ C. Date of Birth: _____

C. Home Address: _____
Street City State Zip Code

D. Phone Number: _____ E. E-Mail: _____

F. Place of Employment: _____

G. Employer's Address: _____
Street City State Zip Code

H. Employer Phone Number: _____ I. Employer Fax Number: _____

D. Have you made this complaint to any other person or organization? Yes No

If yes, to whom: _____

E. Does the licensee or certificate holder know you are making this complaint? Yes No

If no, why: _____

F. *Employers only:* Was the employee terminated? Yes No

If yes, date of termination: _____

IV. Witnesses

Please provide the name, address, and telephone number of any witnesses or other persons who have knowledge of the incident. If no witnesses, indicate "no witnesses" on the first line.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Documentation

Please attach any supporting documentation to the complaint, such as witness statements, employee personnel records, photographs, duty rosters, time cards, assignment sheets, employer incident reports, etc.

VI. Attestation and Signature

I hereby declare and affirm under the penalties of perjury that the foregoing information is true and correct, to the best of my knowledge, information, and belief.

Printed Name

Signature

Date