

**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 [leslie.johnson4@maryland.gov](mailto:leslie.johnson4@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: \_\_\_\_\_

### III. Complaint

**A. Date(s) of Incident:** \_\_\_\_\_

**B. Location of Incident:**\_\_\_\_\_

**C. Description of complaint:** *(Use additional pages as needed and attach to complaint.)*

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

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