

STEVE SISOLAK  
Governor



RICHARD WHITLEY, MS  
Director

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
3416 Goni Road, Suite D-132  
Carson City, NV, 89706  
Telephone (775) 687-4210 • Fax (775) 687-0574  
<http://adsd.nv.gov>

### CONSUMER COMPLAINT FORM

Please return this form and any supportive documents to the above address.

Person receiving services    Parent of child receiving services    Professional Colleague    Other (Explain)

PERSON REGISTERING COMPLAINT			
Name	Home Phone (    )		
Address (Number & Street)	Business Phone (    )		
City	State	ZIP	
COMPLAINT REGISTERED AGAINST			
Name	Business Phone (    )		
Group/Hospital/Clinic	License Number		
Address (Number & Street)	City	State	ZIP

Please List all other organizations or agencies you have contacted relative to this complaint

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please summarize the details of your complaint as clearly and as completely as possible. You may use the reverse of this form and/or additional sheets of paper.

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I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

I hereby authorize the Aging and Disability Services, Applied Behavior Analysis Board counsel or Board staff, to release information from this complaint to the LBA, LaBA, RBT, or entity who is the subject of my complaint. I understand that the Board will make every effort to remove material that I specifically request to have left out, but if that information is critical to the LBA, LaBA, RBT, or entity's understanding of my complaint against him/her, it will be released.

Signature \_\_\_\_\_

Date \_\_\_\_\_