NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services
Division of Public Health
Investigations - Healthcare Professionals and Occupations

Public Complaint Form to Report Adverse Action of Licensed or Unlicensed Healthcare Professional

State of Nebraska
Department of Health and Human Services, Division of Public Health
Office of Professional & Occupational Investigations
P.O. Box 98933, Lincoln, Nebraska 68509
Phone: 402-471-0175
Fax: 402-742-8335
Email: DHHS.InvestigationsPOL@nebraska.gov

Complainant - Your Information

Prefix	First Name*	Last Name*	Middle Initial	Suffix

Primary Phone	Alt Phone	Fax

Email Address

Physical Address:

Address Line 1*	Address Line 2

City*	State*	Zip Code*

Is Mailing Address the same as Physical Address? ☐ Yes ☐ No

Mailing Address:

Address Line 1	Address Line 2

PO Box	City	State	Zip Code

Preferred Method of Contact

Do you wish to remain anonymous? ☐ Yes ☐ No

Complaint Filed Against

Prefix	First Name	Last Name	Middle Initial	Suffix

Profession	License Number

Primary Phone	Alt Phone	Fax

Email Address

Physical Address:			
Address Line 1		Address Line 2	
City	State	Zip Code	
Is Mailing Address the same as Physical Address? ☐ Yes ☐ No			
Mailing Address:			
Address Line 1		Address Line 2	
PO Box	City	State	Zip Code

Reason for Complaint*

Please describe the complaint and include as much detail as possible. Include where and when the complaint occurred and whom the complaint is against. Attach any additional documentation.

Patient/Client Associated with Report				
Prefix	First Name	Last Name	Middle Initial	Suffix

Date of Birth	Primary Phone Number	Alternate Phone Number

The statements I have made are true and correct to the best of my knowledge.

I agree to testify in any licensure hearings that may arise as a result of my complaint. ☐ Yes ☐ No

Please sign your name below.*

Date Signed*