

When did this conduct occur? _____

Did you observe this conduct firsthand or hear of it through others?

List persons who might have information pertinent to your complaint:

Name:	Name:
Address:	Address:
City:	City:
State/Zip Code:	State/Zip Code:
Telephone:	Telephone:

Your Signature

Date

Note: During an investigation of a complaint, the UMICAD may need access to confidential records. If you are aware of the existence of any confidential records, which may support this complaint, please forward them to Executive Director-Investigations at the UMICAD office. In some instances, this may require your obtaining and signing an AUTHORIZATION for the RELEASE of INFORMATION FORM.

Please Send to
UMICAD
PO Box 1130
Bemidji, MN 56619
Or
Fax to 218-444-7105
amydotson@umicad.com