

State of Alabama Hearing Instrument Dealers Board
400 S Union Street Suite 235B
Montgomery AL 36104
(334) 593-3777

Complaint Form

Individual Registering Complaint

Name _____ Telephone _____

Address

Individual Against Whom Complaint Is Being Filed

Name _____ Telephone _____

Address

Nature of Complaint

Details of Complaint

Include specific details such as names of people involved, dates, location, information about the alleged violation(s), and any other pertinent facts or documentation. Provide additional pages as necessary.

Signature: _____ Date: _____

All complaints must be in writing not faxed or emailed as original signature is required. No anonymous complaints will be considered.