

**Registered Environmental Health Specialist Program  
(916) 449-5662**

**Complaint Form**

Please complete this form as fully as possible.  
Please type or print legibly.

Staff Use Only	
Complaint No:	_____
Date Received:	_____
Date Complainant Contacted:	_____
REHS No.:	_____
Date Resolved:	_____

The Registered Environmental Health (REHS) Program has broad authority to investigate and resolve complaints against a Registered Environmental Health Specialist. Complaints may be filed against an REHS for contractual, technical, safety, misrepresentation or fraud-related issues occurring during their performance of environmental activities.

The REHS Program’s authority allows disciplinary actions consistent with the California Health and Safety Code Sections 106600-106735. Disciplinary actions may result in the suspension or revocation of registration. Pertinent sections of the California Health and Safety Code are available from the REHS Program website, or are available in printed format from the REHS Program.

**My complaint regards the following misconduct by a REHS:**

- Knowingly made a false statement of fact required to be revealed in the application for registration. [HSC s 106715(a)(1)]
- Convicted of a crime, if the crime is related to the qualifications, functions, and duties of an EHS. [HSC s 106715 (a)(2)]
- Knowingly made a false statement of fact required to be revealed in the application for the renewal of registration. [ HSC s 106715 (a)(3)]
- Committed an act of deceit, misrepresentation, violation of contract, fraud, negligence, professional incompetence, or unethical practice. [HSC s 106715 (a)(4)]
- Other

**REHS who is the subject of this complaint:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ REHSNumber: \_\_\_\_\_

**Complaint made by (Complainant):**

You may remain anonymous; however, the REHS program may be unable to address your complaint unless we are able to contact you to independently document or confirm the allegations.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Agency or Business Name (if any): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Please provide a brief description of what happened, the incidents or activities that led to your complaint, and the times and dates the event(s) occurred. List the names and any contact information (if known) for all individuals involved. Attach extra pages, if necessary, to describe your complaint. Attach any additional information or documents to explain the details of your complaint. Send copies, not originals, of any related documents.**

Did you try to resolve this complaint with the REHS?  Yes  No  N/A  
Did the REHS respond (attach the response or additional pages describing the response)?  Yes  No  N/A

**AUTHORIZATION FOR RELEASE OF RECORDS AND REFERRAL OF COMPLAINT.**

When you sign this form (or a photocopy thereof), you authorize the Registered Environmental Health Specialist Program to: (1) conduct its own investigation and (2) possibly refer your complaint to other enforcement authorities to investigate or prosecute your complaint. **Please be aware that the registrant will be notified of the complaint.**

Please note that all complaints will be carefully considered; however, the act of filing a complaint does not assure or imply that disciplinary action will be taken against a registrant. You will be notified of the disposition of this complaint.

**I certify, under penalty of perjury, that the information contained in this complaint, including any attached pages, is true, correct, and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**Please send or fax this form to:  
California Department of Public Health  
Registered Environmental Health Specialist Program  
MS 7404  
P.O. Box 997377  
Sacramento, CA 95899-7377  
Office (916) 449-5662 Fax (916) 449-5665**