# Drug checking licensing scheme complaint form

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| Complainant information |
| Complainant name |  | **Date of submission** | Click or tap to enter a date. |
| Complainant information* Email
* Contact phone number
 | AddAdd  |
| Name of entity(s)/Individual complaint against | Add |

| Reason for complaint | Comment | Supporting documentation |
| --- | --- | --- |
| *Please provide as much detail about the complaint as possible as this information will support the investigation of the complaint.* |
| Outline in detail, the reasons for the complaint, issue or concern. | Add | Add |
| Additional information |
| Provide any additional information you would like the investigation team to be aware of. | Add | Add |

## **Submission**

Once completed, please email the complaint form to: drugcheckingadmin@health.govt.nz

Please use the subject line “DCLS complaint form: [name of person/entity complaint is about]”

## **Declaration**

I declare that the information provided in the complaint form is true and accurate.

|  |
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| Declaration |
| Complainant name | Add |
| Date | Click or tap to enter a date. |
| Complainant signature | Add |