# Drug checking licensing scheme complaint form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complainant information | | | | |
| Complainant name |  | **Date of submission** | Click or tap to enter a date. |
| Complainant information   * Email * Contact phone number | Add  Add | | |
| 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](mailto: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.

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