

Southwestern Institute of Forensic Sciences
COMPLAINT SUBMISSION FORM

1. COMPLAINANT

Name:

Last Name	First Name	Middle Initial
-----------	------------	----------------

Address:

Address	City	State	Zip Code
---------	------	-------	----------

Home Phone: _____

E-mail: _____

Work Phone: _____

2. PERSON COMPLETING THIS FORM (IF NOT COMPLAINANT)

Name:

Last Name	First Name	Middle Initial
-----------	------------	----------------

Phone: _____

3. SUBJECT OF COMPLAINT

Individual/Laboratory:			
Address:			
Date of examination, analysis, or report:			
Type of analysis:			
Laboratory Case Number (if known):			

4. NATURE OF COMPLAINT

Please describe briefly the events, facts, and/or circumstances that are the basis for this complaint. Attach additional pages if needed.

5. EXHIBITS AND ATTACHMENTS

Please list and attach to this form copies of any documents related to the complaint, such as reports, transcripts of testimony, affidavits, etc. Because these documents will not be returned, please do not attach original documents.

6. CERTIFICATION AND SIGNATURE (REQUIRED)

By signing below, I certify that the statements made by me in this complaint are true. I also certify that any documents or exhibits attached are true and correct copies, to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Mail or Fax the completed form to:
Quality Manager, Southwestern Institute of Forensic Sciences, 2355 N. Stemmons Fwy., Dallas, TX 75207.
Fax: 214-920-5811