
List persons who might have information pertinent to this complaint. (Attach additional sheets if necessary)

Name:	Name:
Address:	Address:
City:	City:
State/Zip Code:	State/Zip Code:
Telephone:	Telephone:

Your Signature

Date

Note: During an investigation of a complaint, the UMICAD may need access to confidential records. If you are aware of the existence of any confidential records, which may support this complaint, please forward them to Executive Director-Investigations at the UMICAD office. In some instances, this may require your obtaining and signing an AUTHORIZATION for the RELEASE of INFORMATION FORM.