North Carolina State Hearing Aid Dealers & Fitters Board

Post Office Box 97833
Raleigh, North Carolina 27624-7833
Phone: 919.834.3661 - Facsimile: 919.834.3665
Email: info@nchalb.org

Complaint/Inquiry Form

Please provide the information below to facilitate the Board's resolution of your complaint or inquiry. ***You do not need to provide your contact information if you do not wish to be informed of Board action on your complaint or inquiry.***

Name _____ Date _____

Street Address _____ Tel _____

City, State, Zip _____ Email _____

Please check here if you wish to remain anonymous. ____

Licensee involved in Complaint/Inquiry _____

Company involved in Complaint/Inquiry _____

Description of Complaint or Inquiry _____

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Please continue your description on additional sheets, if necessary. ***Please provide names, dates, times, and all details pertinent to your complaint/inquiry.***

For Board use only: Complaint No. Assigned ____ COI _____ Inquiry No. Assigned ____ Inq. ____
Date _____
Date Letter sent to Licensee (w/ cc to Counsel, COI members) _____
Date Response Due _____
Referred to Investigator? Y ____ N ____
Date COI meeting _____