



For BOL internal use only:

Complaint form ID: _____

Received Date: _____

Reviewed by: _____

ACT 122-2013 CLINICAL LABORATORY COMPLAINT FORM

I. COMPLAINANT INFORMATION (Required) ****ANONYMOUS COMPLAINTS WILL NOT BE PROCESSED****

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (e.g., (555) 555-5555): _____

Email Address: _____

II. FACILITY INFORMATION

Clinical laboratory or physician office where alleged violation occurred.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Act 122 section relevant to complaint (e.g. 13.1.b.2 etc): _____

<http://www.legis.state.pa.us/WU01/LI/LI/US/PDF/1951/0/0389..PDF> (Clinical Lab Act)

<http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?yr=2013&sessInd=0&act=0122>

**** Information provided below will be discussed with the provider or facility ****

Details of alleged violation (be as specific as possible; use additional sheets if necessary):



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III. SIGNATURE & DECLARATION

I hereby certify that the information provided in this form is **true and complete** to the best of my knowledge, information and belief and that I am the person who witnessed or has first-hand knowledge of the alleged violations. I further acknowledge that I am on notice of the fact that this information will be relied upon by a public official to perform official functions. I further acknowledge am aware that any false statements that are made herein are punishable under the Pennsylvania Crimes Code, Section 4904 (relating to unsworn falsification to authorities).

Signature

Date

Print Name

IV. Filing of Complaint

You may file your complaint as follows:

By Email

RA-DHact122complaint@pa.gov
*not encrypted

By First-class Mail

Pennsylvania Department of Health
Bureau of Laboratories
ATTN: Director
Division of Laboratory Improvement
110 Pickering Way
Exton, PA 19341-1310

By Facsimile

Pennsylvania Department of Health
Bureau of Laboratories
ATTN: Director
Division of Laboratory Improvement
Re: Act 122 Complaint
(610) 450-1932

**INCOMPLETE SUBMISSIONS WILL BE RETURNED
ALL SUBMISSIONS WILL REMAIN CONFIDENTIAL AS PERMITTED BY LAW**

Office Use Only

Action Taken

- Does not apply to Act 122 letter sent – date & initials _____
- Investigative complaint letter sent – date & initials _____