

Nursing Facility Administrator
Complaints

Complainant Information (person reporting)	
Name:	
Address: (Street, City State, ZIP Code)	
Home Telephone No. ()	Work Telephone No. ()

Licensee Information (alleged violator)	
Name:	
Address: (Street, City State, ZIP Code)	
Home Telephone No. ()	Work Telephone No. ()

Supporting Documentation
Attach documentation such as cancelled checks or receipts, charts, notes and records. Also attach names, addresses and telephone numbers of others who may have information about the alleged violations.

Department of Aging and Disability Services
Professional Credentialing Enforcement
P.O. Box 149030
Mail Code E-302
Austin, Texas 78714-9030
512-438-4285 (FAX)
credential@dads.state.tx.us

With a few exceptions, you have the right to request and be informed about the information that the Department of Aging and Disability Services (DADS) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact the Professional Credentialing Enforcement at 512-438-5369.

