



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](mailto: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 \_\_\_\_\_