

**PENNSYLVANIA DEPARTMENT OF HEALTH
HEARING AID PROGRAM-CONSUMER COMPLAINT FORM**

**Note: Consumers may also file complaints with
Office of Attorney General Health Care Unit, www.attorneygeneral.gov 717-705-6938**

MAIL Form and copies of any relevant documents to :
**PA. DEPARTMENT OF HEALTH, BUREAU OF COMMUNITY PROGRAM LICENSURE & CERTIFICATION,
HEARING AID PROGRAM, 555 WALNUT ST, 7TH FLOOR FORUM PLACE, HARRISBURG, PA 17101.
PHONE: 717-783-8078. FAX 717-787-3188. ALT PHONE 717-787-4779. ALT FAX 717-772-3641**

Date Complaint filed: _____

COMPLAINANT INFORMATION:

Patient Name: _____

Address: _____

City, State, Zip _____

Phone: _____

Age (optional) _____

If Filed By Person other than Patient

Name: _____

Phone: _____

Relationship to Patient: _____

COMPLAINT AGAINST:

Fitter/Aud/MD Name: _____

Registration # (if known): _____
2nd Registration# (if applicable) _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Business Owner, If different _____

PURCHASE INFORMATION: DATE OF PURCHASE: _____

of HEARING AID(s): _____

DATE OF DELIVERY(if applicable): _____

TOTAL PURCHASE PRICE: \$ _____

DATE of CANCELLATION (if applicable): _____

DEPOSIT/AMT. PAID \$ _____

PAYMENT METHOD (circle one):

Check Credit Card _____ Other: _____

WHERE SALE OCCURRED (circle one):

Residence Office Other: _____

PAPERWORK/DOCUMENTATION:

Under State Law certain documentation must be provided, explained, and in some cases signed by consumer prior to the sale of any hearing aid in Pennsylvania. Please answer the following to the best of your ability.

1. Did you or consumer review and sign a one page DISCLOSURE AGREEMENT that outlined all services and goods and amount of monies refundable or nonrefundable should the hearing aids be returned or sale cancelled prior to final purchase and did you receive copy (include copy, if available)? _____
2. Did you review and sign a MEDICAL WAIVER or seek a physician signed medical referral? _____
3. Did you review and sign a PURCHASE RECEIPT outlining the make, model, serial number of the hearing aid selected and your rights on filing a complaint? _____
4. If IN HOME SALE, did you receive information on how to cancel within 3 business days? _____
5. Did you receive a WARRANTY on the hearing aids? _____ If so, for how long _____
6. Have you filed a complaint with any other agency or business _____ If so, with whom? _____

PROVIDE ADDITIONAL DETAILS REGARDING COMPLAINT & SIGN ON BACK or PAGE 2

