

Alabama Board of Genetic Counseling 400 Union Street, Suite 340 Montgomery, AL 36104 Phone: 334-851-8919

Fax: 334-6948451 Email: genetic@alaboards.org

Complaint Form

Genetic Counse	Your Name				
		Your Address			
State	Zip	City	State	Zip	
;		Telephone	(Home)	(Cell)	
		Email Addı	ress		
Date of Services Rendered			How did you learn about the Genetic Counselor / Company		
			plaint includi	ing your attempts to	
	State Prices Rendere	State Zip ervices Rendered plain the entire circumstances surro	State Zip City Telephone Email Addi ervices Rendered How did you Counselor A	State Zip City State Telephone (Home) Email Address Prvices Rendered How did you learn about Counselor / Company Plain the entire circumstances surrounding your complaint including	



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Signature	Date