



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Professional Health Monitoring Programs
P.O. Box 10569
Harrisburg, PA 17105-0569

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**Professional Health Monitoring Programs
Report Form**

Licensee's Information:

1. First Name: _____ Middle: _____ Last: _____
2. Please provide at least one of the following regarding the licensee being reported:
 - A. Street Address: _____
City: _____ State: _____ Zip: _____
 - B. License #: _____ C. DOB: _____ D. SSN last four #'s: _____
3. Incident resulting in the licensee being reported (please be as specific as possible, e.g. impairment signs exhibited, drug(s) licensee is suspected of diverting, positive drug test result):

Your Information (*Note: This section must be completed. PHMP does not accept anonymous complaints. If you wish to remain anonymous, please submit your complaint directly to the Department of State's Professional Compliance Office at <https://www.pals.pa.gov/#/page/filecomplaint>*):

First and Last Name	Phone or Email	Date
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