



NORTH DAKOTA STATE BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (701) 352-2258 · Email: contact@ndsbce.org · Web: www.ndsbce.org

Complaint Form

Please print legibly.

Today's Date: _____

Name of Person Submitting this Complaint: _____

Contact Information of Person Submitting this Complaint:

Mailing Address

City

State

Zip

Phone #

Email Address

Name of Chiropractor or Certified Chiropractic Clinical Assistant about whom you are complaining

Name of Patient involved in the Incident which gives rise to this complaint

Date(s) of the Incident giving rise to this complaint

Signature of Person Submitting this Complaint: I hereby declare that all of the information I have provided with this form is true and correct.

