

NORTH DAKOTA STATE BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (855) 450-2153 · 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

Phone #

Email Address

State

Zip

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.

Please describe the conduct or incident about which you are complaining. It is important to be as specific as is reasonably possible. If you are in possession of medical records or any other documentation which supports your allegations, you should attach copies of those items to this form. You may use the following lined pages to print (legibly) your information, or you may attach a typed description.

