

NC STATE BOARD OF CHIROPRACTIC EXAMINERS
COMPLAINT FILING FORM

Complainant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Chiropractor (person complaint is filed against)

Name: _____

Practice/Clinic Name (if known): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

I, the complainant, charge the above named chiropractor with a violation of the laws governing the practice of chiropractic. The chiropractor's misconduct is described below (include dates and attach additional pages if necessary):

Upon my solemn oath, I affirm that the statements I have made in this complaint are true.

Complainant Signature: _____ Date: _____