

# North Dakota State Board of Respiratory Care

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Bismarck, ND 58502-2223  
701-222-1564  
Fax 701-224-9824  
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## NOTICE:

UNDER NORTH DAKOTA LAW THIS COMPLAINT FORM IS OPEN AND ACCESSIBLE TO MEMBERS OF THE PUBLIC (N.D.C.C. Chapter 44-04-18.)

## Complaint Form

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### PARTY MAKING THE COMPLAINT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### PARTY AGAINST WHOM COMPLAINT IS MADE:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**NATURE OF THE COMPLAINT:** List each incident; setting forth specific date(s); full name(s) of all alleged participants; and a brief statement describing each incident. If additional space is required, attach a sheet to the back of this form.

I hereby certify that the above stated charges are true and correct to the best of my knowledge. I further certify that the North Dakota State Board of Respiratory Care is hereby authorized to copy and release this complaint as may be required by law or for the proper resolution of this matter.

Date: \_\_\_\_\_ Signature of Party Making Complaint: \_\_\_\_\_