

North Dakota State Board of Respiratory Care

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Bismarck, ND 58502-2223
701-222-1564
Fax 701-224-9824
www.ndsbrc.com

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

PARTY MAKING THE COMPLAINT:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

PARTY AGAINST WHOM COMPLAINT IS MADE:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Place of Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

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: _____