

**Directions for Completion of
Formal Complaint Form**

1. Please write **LEGIBLY** or **TYPE** all information.
2. Complete the top of the form in detail.
3. Write a description of complaint in space provided. Any additional information that will not fit in the space provided may be stapled to this form.
4. Sign your name in the space marked "Person Filing Complaint". You should sign in front of a notary and a witness.
5. Have the witness sign in front of the notary.
6. Have the Notary sign, seal and state expiration of his/her commission.
7. Return Form to:

***Oklahoma Board of Chiropractic Examiners
201 N.E. 38th Terrace, Suite 3
Oklahoma City, Oklahoma 73105***

If you have any questions or comments about this form and its completion please call our office at (405) 524-6223.

