

**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".
5. Return Form to:

***Oklahoma Board of Chiropractic Examiners  
421 NW 13<sup>th</sup>, Suite 180  
Oklahoma City, Oklahoma 73103***

If you have any questions or comments about this form and its completion please call our office at (405) 522-3400.

**421 N.W. 13<sup>th</sup> Street • Suite 180 • Oklahoma City • Oklahoma 73103 •  
405-522-3400 • Fax: 866-245-2748•**

