



# NEVADA STATE BOARD OF OPTOMETRY

## COMPLAINT FORM

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1. Person Making Complaint

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

2. Complaint Against:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

D/B/A: \_\_\_\_\_

[Doing Business As]

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3. Summary of Complaint [attach additional pages if necessary]: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you contacted your Doctor concerning this Complaint? If so, when and by what method, i.e., in person, in writing, by telephone. \_\_\_\_\_

\_\_\_\_\_

5. Did your Doctor respond? If so, how did the Doctor respond? \_\_\_\_\_

\_\_\_\_\_

6. Were there witnesses to the incident? If so, please state his/her name[s], address[es], and phone number[s]: \_\_\_\_\_

7. What would you consider a satisfactory resolution to this Complaint? \_\_\_\_\_

8. Name, address, and phone number of any consulting Doctor:

9. If a formal charge is filed as a result of this Complaint, would you be willing to testify at a hearing? \_\_\_\_\_

10. I authorize the Nevada State Board of Optometry to provide a copy of this Complaint to the Doctor complained against, and to request a copy of my patient records generated by the Doctor.

\_\_\_\_\_, being first duly sworn, deposes and states: That he/she has read the foregoing Complaint and knows the contents thereof; that the same is true of his/her knowledge, except as to those matters contained therein stated upon information and belief, and as to those matters he/she believes it to be true.

\_\_\_\_\_  
Signature of Complainant

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[SEAL]

\_\_\_\_\_  
NOTARY PUBLIC

Please include with this form, any additional information, documentation, or evidence, you may have to support the allegations of your Complaint.