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*Consumer Member*  
**Julie Strandberg**  
*Executive Director*

## **CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA**

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000  
Phone: (775) 688-1921 | Fax: (775) 688-1920  
Website: <https://chirobd.nv.gov> | Email: [chirobd@chirobd.nv.gov](mailto:chirobd@chirobd.nv.gov)

Dear Sir or Madam:

To file a complaint with this Board, please complete in detail and submit to our office at the above mailing or email address, the enclosed complaint form, authorization to release information and any other supporting documentation.

Most complaints concerning fee disputes and/or billing procedures are not within this Board's purview. If it is determined that your complaint is not valid or does not fall within this board's jurisdiction, you will be informed of such.

If the Board determines that your complaint is well founded, you may expect to be contacted by a Board appointed investigator or a designated member of the Board.

If you have any questions or comments about this form and its completion, please call our office at (775) 688-1921.

Sincerely,

*Julie Strandberg*

Julie Strandberg  
Executive Director

Complaint No.: \_\_\_\_\_  
(For Official Use Only)



**CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA  
COMPLAINT FORM**

**RETURN TO:  
Chiropractic Physicians' Board of Nevada  
4600 Kietzke Lane • Suite M245 • Reno • Nevada • 89502**

**PERSON FILING COMPLAINT**

Name		
Mailing Address		
City	State	ZIP code
Telephone No.		Email
Chiropractic Physicians Name		
Address		
City	State	ZIP code
Telephone No.		

Name, address and phone numbers of witnesses to and/or others who can corroborate the above:	
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone

Please provide your written complaint in the section below or attach your written complaint, including dates and locations. Please provide as much detail as possible with regard to the conduct and actions of the chiropractic physician that makes up the basis for your complaint. Please describe any harm or injury that you believe resulted from the chiropractic physicians conduct or actions. Provide additional evidence in support of this complaint. Add additional pages if necessary.

**I do hereby attest that the above information is true and accurate to the best of my knowledge.**

Yes      No      If required, I will appear & testify at a hearing in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA**  
**COMPLAINT FORM**

Describe specifically and in detail your complaint against the Chiropractic Physician. You may use your own form or this form to provide the details.

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any licensed physician, hospital, clinic, or health professional or facility to release information from my patient records,

\_\_\_\_\_ (patient's name)

To the Chiropractic Physicians' Board of Nevada, its employees or agents.

I understand that this release is granted subject to the following conditions:

1. This information will be used only in the conduct of authorized responsibilities of the Chiropractic Physicians' Board of Nevada.
2. All information may be released. This includes history, mental or physical condition, diagnosis, prognosis and treatment, laboratory reports, diagnostic imaging and billing data and;
3. This release shall be valid for one year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if needed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness