BRIAN SANDOVAL
Governor
BENJAMIN LURIE, DC
President
MAGGIE COLUCCI, DC
Vice President
JASON O. JAEGER, DC
Secretary-Treasurer

STATE OF NEVADA

XAVIER MARTINEZ, DC
Member
MORGAN ROVETTI, DC
Member
TRACY DiFILLIPPO, ESQ
Consumer Member
SHELL MERCER, ESQ
Consumer Member

JULIE STRANDBERG
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245
Reno, Nevada 89502-5000
Fax (775) 688-1920

Telephone (775) 688-1921
Website: http://chirobd.nv.gov

Email: chirobd@chirobd.nv.gov

Dear Sir or Madam:

To file a complaint with this Board, please complete and submit to our office at the above address the enclosed complaint form and authorization to release information.

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.

Sincerely,

Julie Strandberg
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, Suite M245, Reno, NV 89502 • 775-688-1921

COMPLAINT FORM (Please print or type)

Name and address of the chiropractor against whom you are filing this complaint:

_____
_____
_____
_____

Name, address and phone number of person filing this complaint:

_____
_____
_____
Phone No: _____

Describe your complaint, including dates and locations. Please provide as much detail as possible with regard to the conduct or actions of the chiropractor that make up the basis of your complaint. Please describe any harm or injury that you believe resulted from the chiropractor's conduct or actions. Attach any paperwork in support of this complaint. Add additional pages if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Names, address and phone numbers of witnesses to and/or others who can corroborate the above:

(1) _____
_____
_____
Phone: _____

(2) _____
_____
_____
Phone: _____

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

_____
Signature

_____
Date