CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000
Phone: (775) 688-1921 | Fax: (775) 688-1920
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 information the enclosed complaint form and authorization to release information.

While you may submit an anonymous complaint please understand that anonymous complaints are difficult to investigate, so it may not be possible to reach a resolution. 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

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 or
chirobd@chirobd.nv.gov

PERSON FILING COMPLAINT		
Name		
Mailing Address		
City	State	ZIP code
Telephone No.		

CHIROPRACTIC PHYSICIANS INFORMATION		
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