



STATE OF WEST VIRGINIA  
BOARD OF RESPIRATORY CARE  
106 DEE DRIVE, SUITE 1  
CHARLESTON, WV 25311  
304-558-1382, FAX; 304-448-1383

Case No. \_\_\_\_\_

Date Rec'd. \_\_\_\_\_

-Office Use Only-

### COMPLAINT FORM

Name and address of individual whom this complaint is against:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Home: \_\_\_\_\_

Telephone Work: \_\_\_\_\_

Nature of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Alleged Offense(s):

\_\_\_\_\_

Witnesses:

\_\_\_\_\_  
\_\_\_\_\_

Location(s) of Alleged Offense(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like the WV Board of Respiratory Care to do about your complaint?

\_\_\_\_\_  
\_\_\_\_\_

Signature and Address of Person Making Complaint: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Note: It is unlawful to knowingly make false statements or allegations against individuals licensed by this government agency.