

WEST VIRGINIA BOARD OF CHIROPRACTIC

P. O. Box 8532, South Charleston, WV 25303
(304) 746-7839 (Phone)
(877) 992-0248 (Fax)
wvchiroboard@outlook.com

FORMAL COMPLAINT

Complainant's Name, Address & Telephone

| | | | |
|--------------------|---------------------|----------------|-----|
| <hr/> | | | |
| Last Name | First Name | Middle Initial | |
| <hr/> | | | |
| Street Address | City | State | Zip |
| <hr/> | | | |
| Business Telephone | Home/Cell Telephone | Email | |

Are you willing to testify under oath in a formal hearing? _____

Chiropractor's Name, Address & Telephone

| | | | |
|--------------------|------------|----------------|-----|
| <hr/> | | | |
| Last Name | First Name | Middle Initial | |
| <hr/> | | | |
| Business Address | City | State | Zip |
| <hr/> | | | |
| Business Telephone | | | |

Description of Complaint (Attach supporting documentation with dates of care, name of any person who may have treated you after the alleged incident and the name of any health care institution in which you were an inpatient or outpatient after or during the alleged incident.)
