



NORTH CAROLINA RESPIRATORY CARE BOARD

1100 Navaho Drive, Suite 242
Raleigh, NC 27609

COMPLAINT FORM

Person filing complaint:

Name: _____
(Last) (First) (Middle/Maiden)

Mailing Address: _____
(Street/P.O. Box/Route)

(City) (State/County) (Zip Code)

Telephone: () _____

Licensee or Person Involved:

The name of the licensee or person involved: _____

Organization where the licensee or person practices: _____

City _____

A description of the alleged behavior or incident: _____

This is to certify that the above information is true and accurate to the best of my knowledge.

Signature

Date