

NORTH CAROLINA ACUPUNCTURE LICENSING BOARD
PO BOX 10686
RALEIGH, NC 27605
919-821-3008
www.ncalb.state.nc.us
paola@recanc.com

COMPLAINT FORM

1. Person making complaint/inquiry: _____
Address: _____
City/State/Zip: _____
Phone: _____

2. Person complained about/nature of inquiry: _____

Address: _____
City/State/Zip: _____
Phone: _____

Is person a Licensed Acupuncturist in North Carolina? YES NO

3. Give a specific and detailed description of the ethical and/or legal violation(s).
(attach additional sheets as necessary):

4. Date(s) of violation(s): _____

5. Have you discussed this situation with the person about whom you are complaining? YES NO

6. Have you taken other action? YES NO If yes, please describe

7. List the names, addresses, phone numbers, and relationship to situation of person who could give
Information or be potential witnesses:

**TO: THE ETHICS COMMITTEE
NORTH CAROLINA ACUPUNCTURE LICENSING BOARD
P.O. Box 10686
Raleigh, NC 27605**

I, the undersigned, hereby file a complaint against _____

(full name)

_____, _____
(street address) (city, state, zip)

I agree to cooperate by furnishing to the representatives of the North Carolina Acupuncture Licensing Board all pertinent information and records in my possession concerning the alleged misconduct of said professional. I further agree that if a hearing or inquiry is ordered concerning the alleged misconduct of said professional, then I will furnish evidence concerning the facts by submitting to deposition or personal attendance at that hearing or inquiry.

I hereby indicate that this information is provided and transmitted by me to the North Carolina Acupuncture Licensing Board for the purpose of investigating the alleged misconduct of the above named professional. I understand that I may reveal this information to privately-retained attorney to pursue remedies on my behalf.

I also understand that the North Carolina Acupuncture Licensing Board may reveal this information to the accused professional for his or her response to a formal inquiry and to others pursuant only to the Rules of the North Carolina Acupuncture Licensing Board. Additionally, this information may become public only upon the direction of the North Carolina Acupuncture Licensing Board, pursuant to its policies and procedures.

This the _____ day of _____, 20_____.

Signature of Complainant

Street Address

City, State, and Zip

Telephone (Home and Office)