

NORTH CAROLINA ACUPUNCTURE LICENSING BOARD

PO BOX 10686

RALEIGH, NC 27605

(919) 821-3008

www.ncalb.state.nc.us

pat@smvt.com, Pat Pritchard: Associate Director

COMPLAINT FORM

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

2. Person complaint is about/nature of inquiry: _____

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

Is the person a Licensed Acupuncturist in North Carolina? YES _____ NO _____

3. Give a specific and detailed description of the ethical and/or legal violation(s).

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

TO: THE ETHICS COMMITTEE
NORTH CAROLINA ACUPUNCTURE LICENSING BOARD
PO BOX 10686
RALEIGH, NC 27605

I, the undersigned, hereby file a complaint against (full name) _____

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

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 a 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/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, Zip Code

Telephone (Home and Office)

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DGWllu_RenewalOfLicensureStatute.pdf