



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

Case No. _____

Date Rec'd. _____

-Office Use Only-

COMPLAINT FORM

Name and address of Licensee whom this complaint is against:

Telephone Home: _____

Telephone Work: _____

Supervisor: _____

Human Resources Director: _____

Nature of Complaint: (Use backside if additional space is required)

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.