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NORTH DAKOTA BOARD OF ADDICTION COUNSELING EXAMINERS

COMPLAINT FORM

PARTY MAKING THE COMPLAINT:

NAME: _____ PHONE (W) _____ (H) _____

ADDRESS: _____
STREET CITY STATE ZIP

PARTY AGAINST WHOM THE COMPLAINT IS MADE:

NAME: _____ PHONE (W) _____ (H) _____

ADDRESS: _____
STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

NATURE OF COMPLAINT: List each incident; setting forth specific date(s); full name(s) of all alleged participants; and a brief statement describing each incident. If additional space is required, attach a sheet to the back of this form.

“I hereby certify that the above-stated charges are true and correct to the best of my knowledge. I further certify that the ND Board of Addiction Counseling Examiners is hereby authorized to copy and release this complaint as may be required by law or for the proper resolution of this matter.”

DATE: _____ SIGNED: _____

