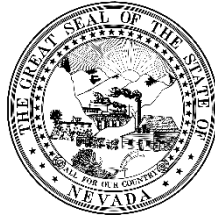


**Joe Lombardo**  
Governor



Margaret Tracey, O.M.D., President  
Michael Ferris, O.M.D., Vice President  
Lisa Grant, O.M.D., Secretary-Treasurer  
Sanghyun Lee, O.M.D., Member  
Jennifer Braster, Member  
Merle Lok, Executive Director

**STATE OF NEVADA**  
**BOARD OF ORIENTAL MEDICINE**  
3191 E. Warm Springs Rd.  
Las Vegas, NV 89120  
Phone (702) 675-5326 Fax (702) 989-8584  
Email: [omboardexecutivedirector@gmail.com](mailto:omboardexecutivedirector@gmail.com)

**COMPLAINT FORM**

NRS 634A authorizes the Board of Oriental Medicine (“Board”) to investigate allegations against persons under the Board’s jurisdiction. Please complete the Complaint Form and mail it to the office with any relevant information and supporting documentation that may substantiate any violations under the purview of the Board. In order for disciplinary action to be taken, your allegations must fall within the provisions set forth in NRS 634A and/or NAC 634A.

**COMPLAINANT INFORMATION (Person filing the complaint)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RESPONDENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**COMPLAINT NARRATIVE (Please describe the relevant details of the complaint in detail you witnessed or of which you have direct and personal knowledge, including dates, times and locations). You may use additional sheets and provide supporting documentation, including notarized statements of any witnesses. Please write legibly or attach typewritten pages.**

**Have you discussed this issue with the Respondent? If yes, please detail the response. If not, please explain.**

**OTHER INVOLVED AGENCIES (Please attached additional sheets if necessary)**

Agency Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_, being duly sworn, hereby declare under penalty of perjury, that I have written the foregoing complaint and that the information provided in this document is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC