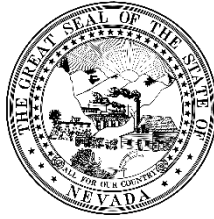


Joe Lombardo
Governor



**STATE OF NEVADA
BOARD OF ORIENTAL MEDICINE**

3431 E. Sunset Rd.
Bldg. C, Suite 21
Las Vegas, NV 89120
Phone (702) 675-5326 Fax (702) 989-8584
Email: 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