North Dakota Board of Podiatric Medicine

Complaint Form

Today's Date: _____

Name and Address of Person Submitting the Complaint:

_____
_____
_____
_____

Daytime Phone: _____ Evening Phone:_____

Name of Podiatrist (the subject of this complaint):_____

Name of the Patient involved:_____

Date/Dates of the incident which is the subject of this complaint:

_____

I hereby declare all of the information contained in and provided with this form is true and correct:

_____
Signature of Person Submitting the Complaint

Please describe the conduct about which you are complaining. Please be as specific as is reasonably possible. If you are in possession of any medical records or other documents which support your allegations, please provide copies with this form. (Please attached additional pages if needed).

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