

NEVADA STATE BOARD OF PODIATRY
1325 Airmotive Way, Suite 175-I, Reno, NV 89502
775-789-2605 Phone / 775-786-4451 Fax

COMPLAINT FORM
(Please print or type)

Name of Podiatrist in question:

Name address and phone number of
Person filing this complaint:

Names addresses and phone numbers of other physicians you have seen who may have
additional information regarding your complaint:

(1) _____

(2) _____

STATEMENT OF COMPLAINT: Please type or print neatly the details of your
complaint below. Be as brief and concise as possible. If additional space is needed please
attach an additional sheet of paper along with any documents to support your allegations.

I hereby attest that the above information is true and accurate to the best of my knowledge.

Signature

Date

Notary Public:

Subscribed and sworn to before me this
_____ day of _____, 20_____

Signature

