



**OKLAHOMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE
PATHOLOGY AND AUDIOLOGY**

3700 N Classen Blvd Ste. 248 Oklahoma City, OK. 73118
Oklahoma.gov/OBESPA

COMPLAINT FORM

RESPONDENT INFORMATION (Person Complaint is about)

Full Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

License Type and License Number:

Name of Employer:

COMPLAINANT INFORMATION (Person Filing Complaint)

Full Name:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

License Type and License Number:

Relationship to Respondent:

EXPLANATION

Please attach your explanation to this form. Describe your complaint in detail. Include dates, names, address at which the services were provided, type of service provided by respondent and the event leading you to file this complaint. Each page of the complaint must have your initials and date

Complainant Signature

Date