

**BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
3700 N CLASSEN BLVD, STE 248
OKLAHOMA CITY, OK 73118**

COMPLAINT FORM

Details of Complaint: Please include specific details of people involved, dates, location, particulars about the alleged violation(s), and any other pertinent facts. Each page of the complaint must be signed and dated. Submit your typed complaint along with this form to the address above.

Complainant: (Person Filing Complaint)

Date: _____

Name: _____ Telephone: _____

Address: _____

City, State, Zip: _____

Respondent: (Person Complainant is Filing Against)

Name: _____ Telephone: _____

Address: _____

City, State, Zip: _____

Respondent is: Speech-Language Pathologist License Number# _____
Speech-Language Pathology Assistant License Number# _____
Audiologist License Number# _____
Audiology Assistant License Number# _____

ALL COMPLAINTS MUST BE NOTARIZED & SIGNED

Signature

Date

County _____
State of _____

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

SEAL

Notary Public