

# MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

## COMPLAINT FORM

*One of the principal duties of the Mississippi State Board of Chiropractic Examiners is to investigate any alleged violations of the Chiropractic Laws of the State of Mississippi, Title 73, Code of 1972, and violations of the Rules and Regulations of the Board.*

*The Board will not complete an investigation without the receipt of a written complaint, verified and sworn to under oath.*

Your Name (Complainant): \_\_\_\_\_

Mailing Address \_\_\_\_\_

Your Telephone: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Person against whom you are complaining (Respondent): \_\_\_\_\_

Name of Business and Street Address of person you are filing complaint against:

Their Telephone: \_\_\_\_\_ Their Email Address: \_\_\_\_\_

Nature of Complaint (Detail your grievance below, providing supplemental sheets, as needed):

**Witnesses (provide the names, addresses email addresses and phone numbers of your witnesses, if any):**

**A. Witness 1:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**B. Witness 2:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**By signing below, I do hereby consent to appear before the Mississippi State Board of Chiropractic Examiners and any court of law to testify to the allegations set forth in the complaint.**

**Further, I confirm the following:**

- 1. I understand that it is a crime to knowingly file a false statement under oath;**
- 2. The party of which I have filed the complaint will be provided a copy of the complaint and an opportunity to respond within 10 days.**
- 3. I realize that this complaint is a public record that may be released;**
- 4. I realize that my name may be realized to the accused;**
- 5. I realize that I may be required to testify in any hearing(s) or other proceeding(s) that may result.**

**I hereby authorize the Mississippi State Board of Chiropractic Examiners to take the following actions:**

- 1. Talk to anyone who can provide information pertaining to my complaint; and**
- 2. Access and review any and all information regarding the incident.**

\_\_\_\_\_  
**Signature of Complainant**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_

**Notary Public**

**SEAL**

**County of** \_\_\_\_\_

**State of** \_\_\_\_\_

**My Commission expires** \_\_\_\_\_

**AUTHORITY TO RELEASE/OBTAIN INFORMATION**

I, \_\_\_\_\_, hereby authorized the Mississippi State Board of Chiropractic Examiners to take the following actions:

1. Talk to anyone who can provide information pertaining to my complaint.
2. Access and review all information regarding me and my complaint.

I understand that this consent will expire twelve months from the date of my signature and cannot be renewed without my written consent.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian, if necessary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Complainant Identifying Data:**

<b>Name</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Maiden, if applicable</b>
<b>Sex</b>	<b>Date of Birth</b>		<b>County</b>
<b>Mailing Address (Street, Post Office Box, City, State, Zip)</b>			

**CONSENT TO TESTIFY FORM**

I, \_\_\_\_\_, hereby consent and bind myself to appear before the Mississippi State Board of Chiropractic Examiners and any court of law to testify to the complainant allegations, and I understand that the information become public record once filed with the Board, and the investigation is over.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

**Complainant Identifying Data:**

<b>Name</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Maiden, if applicable</b>
<b>Sex</b>	<b>Date of Birth</b>		<b>County</b>
<b>Address:</b>			

**Mississippi State Board of Chiropractic Examiners**

**Mailing:**

**P.O. Box 50**

**Morton, MS 39117**

**Physical:**

**353 South 4<sup>th</sup> Street**

**Morton, MS 39117**