

WEST VIRGINIA BOARD OF OPTOMETRY
COMPLAINT FORM, page two

5. **Other persons** with knowledge of incident(s) giving rise to this complaint. (Include **any practitioner or institution** giving follow-up care.)

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

6. State in your own words how this incident(s) relates to the **West Virginia Board Of Optometry Jurisdiction**.

7. Have you advised any **other regulatory or legal authority** of this complaint, i.e.: the Attorney General's office?

8. **What action**, if any, are you seeking from the Board?

Complainant Signature

Date

Witness

Date

(Notarization of Signature is optional.)

