

Board of Examiners for Speech-Language Pathology and Audiology

Location:
3700 N. Classen, Ste. 248
Oklahoma City, OK 73118

Mailing Address:
P.O. 53592
Oklahoma City, OK 73152

COMPLAINT FORM

Person Registering Complaint (Complainant)

Date: _____

Name: _____ Telephone: _____

Address: _____

City, State, Zip: _____

Person Complaint Registered Against (Respondent)

Name: _____ Telephone: _____

Address: _____

City, State, Zip: _____

Respondent is: Speech-Language Pathologist Audiologist Audiology Assistant
Speech-Language Pathology Assistant

License Number (if known) # _____

Details of Complaint: If complaint is more than one page in length, you must sign and date each page. Include specific details such as names of people involved, dates, location, particulars about the alleged violation(s), and any other pertinent facts. Please submit complaint, preferably typed, with all attachments stapled behind this complaint form to the address at the top of this form.

ALL COMPLAINTS MUST BE SIGNED AND NOTARIZED.

Signature

Date

County _____
State of _____

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

My commission expires: _____

Notary Public