



SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

407 Belmont Avenue

Yankton, SD 57078

Phone/Fax 605-668-9017

<https://doh.sd.gov/boards/chiropractic> email: sdbce@iw.net

Advertising/Rules Complaint Form

Please **type** or **print legibly** and return to the above address. Form must be **SIGNED**.

PERSON REGISTERING COMPLAINT			
NAME		PHONE NUMBERS	
ADDRESS		HOME ()	
CITY	STATE	ZIP	BUSINESS () CELL ()
HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

COMPLAINT REGISTERED AGAINST: <i>(Please use the full name of the PERSON and FACILITY against whom you are filing the complaint.)</i>		
NAME		DAYTIME PHONE
FACILITY		
ADDRESS		
CITY	STATE	ZIP

DETAILS OF COMPLAINT	
1. HAVE YOU COMMUNICATED YOUR CONCERN TO THE PERSON OR COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, ON WHAT DATE AND BY WHAT MEANS: _____	
2. DID THE PERSON OR THE COMPANY RESPOND? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, WHAT WAS SAID OR DONE? _____	

STATE YOUR COMPLAINT: <i>(Please provide a clear and concise description of the nature of your complaint. If the complaint has to do with advertising, please include a copy of the advertisement.) If more space is needed, please attach additional sheets of paper.</i>

I AFFIRM THE PRECEDING AND IT IS TRUE TO THE BEST OF MY INFORMATION AND BELIEF. I am filing this complaint to notify the Board of the activities of this practitioner so that it may be determined if discipline is warranted. I understand that a copy of this complaint may be provided to the licensee.	
_____	_____
Signature	Date