



STATE OF NEVADA

BOARD OF DISPENSING OPTICIANS

4790 Caughlin Pkwy #241; Reno, NV 89519 • Telephone 775 / 689-0132 • Fax 775 / 689-0133
Email: nvbdo@govmail.state.nv.us • Website: nvbdo.nv.gov

Complaint Form

Please provide the board with your contact information:

Name:		
Street Address:		
City:	State:	Zip:
Phone Number:	Email:	

Please provide the board with the following information regarding your complaint:

Name of person(s) or business(es) engaged in prohibited conduct:		
Name of employer (if applicable):		
Mailing Address:		
City:	State:	Zip:

Please provide a detailed description of each of the following (attach extra sheets as necessary):

1. Date, time, and place prohibited activity occurred:
2. Prohibited activity that took place:
3. Any persons/entities (other than those named above) who were involved in the prohibited activity:
4. The names of any other witnesses (a consumer, regulatory agency, licensed optician or apprentice, or anyone else with knowledge of the alleged violation):
5. Any documentation that supports the complaint (e.g. a witness statement or patient record); please attach copies:

***I certify all information given herein to be true, correct, and complete to the best of my knowledge.**

Signature: _____ *** Date:** _____