



NDBODP

NORTH DAKOTA BOARD OF DIETETIC PRACTICE

2304 Jackson Avenue
Bismarck ND 58501
www.ndbodp.com

COMPLAINT FORM

Date: _____

PERSON REGISTERING COMPLAINT:

Name: _____

Address: _____

Phone: (W) _____ (H) _____ Email: _____

COMPLAINT REGISTERED AGAINST:

Name: _____

Address: _____

Phone: (W) _____ (H) _____ Email: _____

State the nature of your complaint: (include dates of alleged offenses, locations of alleged offenses, names of witnesses, and copies of documents relevant to your complaint):

(You may attach separate sheets for additional comments or documents)

If the North Dakota Board of Dietetic Practice should find grounds for an Administrative Hearing, it may be necessary for you to appear as a witness under subpoena. Would you be willing to testify? Yes ___ No ___

Signature of Person Registering Complaint: _____

Please return to: NDBODP, 2304 Jackson Avenue, Bismarck, ND 58501-2273

Fax: 701.751.4451 Email: execsec@ndbodp.com