

Remit to:

## **Nevada State Board of Athletic Trainers**

6170 Mae Anne Ave, Suite 1, Reno, NV 89523-4705 atrainer@nsbat.nv.gov; eFax: 1-775-403-1970

## **Consumer Complaint**

YOUR INFORMATION			ATHLETIC TRAIL	NER NAMED IN C	OMPLAINT
Name:			Name:		
Address:			Address:		
City:	State:Zip:		City:	Sta	te: Zip:
Telephone: h:	w:		Telephone:		
PATIENT INFORMATI	ON				
Name:	DOB IF MINOR :				
COMPLAINT					
	lease be specific as to time	es, dates and pl	aces. Attach additiona	l pages if necessary)	
• •	•				
					·····
Have you discussed thi	s complaint with the	Athletic Trai	ner? □ Yes	□ No .	
How did you file the co	omplaint?	tter 🗆 Telep	hone □ Other		
Consulting Athletic Tra	•				
Consuming Aunicuc 116	inici (ii aliy).				
Name		Addr			
Any Witness(es) preser	nt:	ridar	233		
J					
Name	Add	ress		······································	Telephone
Will you testify at a hea	aring regarding this co	omplaint?	$\square$ Yes $\square$ No		··I
		*			
Signature					