



Remit to:

Nevada State Board of Athletic Trainers

P.O. Box 34296 Reno, NV 89533-4296
(775) 787-2636; atrainer@nsbat.nv.gov

Consumer Complaint

YOUR INFORMATION		ATHLETIC TRAINER NAMED IN COMPLAINT	
Name: _____	Address: _____	Name: _____	Address: _____
City: _____ State: _____ Zip: _____	Telephone: h: _____ w: _____	City: _____ State: _____ Zip: _____	Telephone: _____
PATIENT INFORMATION			
Name: _____		DOB IF MINOR : _____	
COMPLAINT			
State Your Complaint (Please be specific as to times, dates and places. Attach additional pages if necessary)			

Have you discussed this complaint with the Athletic Trainer? Yes No .

How did you file the complaint? Letter Telephone Other

Consulting Athletic Trainer (if any):

Name Address

Any Witness(es) present:

Name Address Telephone

Will you testify at a hearing regarding this complaint? Yes No

Signature _____