



Remit to:

Nevada State Board of Athletic Trainers

P.O. Box 34296 Reno, NV 89533-4296

(775) 787-2636

Consumer Complaint

YOUR INFORMATION	ATHLETIC TRAINER NAMED IN COMPLAINT
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: h: _____ w: _____	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_____