

NORTH CAROLINA BOARD OF ATHLETIC TRAINER EXAMINERS
POST OFFICE BOX 10769
RALEIGH, NORTH CAROLINA 27605
919-821-4980
919-833-5743 (FAX)
www.ncbate.org

COMPLAINT FORM

Your Name: _____

Your Address: _____

Your City: _____ **State:** _____ **ZIP:** _____

Your email: _____

Home Telephone: _____ **Work Telephone:** _____

Name of Person Against Whom Complaint is Filed: _____

His/Her Work Location: _____

His/Her Address: _____

His/Her City: _____ **State:** _____ **ZIP:** _____

His/her email (if known): _____

His Her Home Phone: _____ **Work Phone:** _____

NATURE OF COMPLAINT

This should be explained in detail. For example if a person is alleged to be practicing without a license, specific examples must be cited and/or attached (i.e.: newspaper articles, yearbooks, business cards, etc.). If known, his/her supervisor's name should be included. Please feel free to use additional sheets if necessary. Please understand that the Board appreciates your help and we will not be back in contact with you unless additional information is needed.

**TO: THE ETHICS COMMITTEE
NORTH CAROLINA BOARD OF ATHLETIC TRAINER EXAMINERS
P.O. Box 10769
Raleigh, NC 27605**

I, the undersigned, hereby file a complaint against

(full name)

(street address) (city, state, zip)

I agree to cooperate by furnishing to the representatives of the North Carolina Board of Athletic Trainer examiners all pertinent information and records in my possession concerning the alleged misconduct of said professional.

I further agree that if a hearing or inquiry is ordered concerning the alleged misconduct of said professional, then I will furnish evidence concerning the facts by submitting to deposition or personal attendance at that hearing or inquiry.

I hereby indicate that this information is provided and transmitted by me to the North Carolina Board of Athletic Trainer Examiners for the purpose of investigating the alleged misconduct of the above named professional.

I understand that I may reveal this information to privately-retained attorney to pursue remedies on my behalf.

I also understand that the North Carolina Board of Athletic Trainer Examiners may reveal this information to the accused professional for his or her response to a formal inquiry and to others pursuant only to the Rules of the North Carolina Board of Athletic Trainer Examiners. Additionally, this information may become public only upon the direction of the North Carolina Board of Athletic Trainer Examiners, pursuant to its policies and procedures.

This the _____ day of _____, 20_____.

Signature of Complainant

Street Address

City, State, and Zip

Telephone (Home and Office)