

WEST VIRGINIA MEDICAL IMAGING & RADIATION THERAPY TECHNOLOGY BOARD OF EXAMINERS

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COMPLAINT FORM

Name, address and phone number of individual against whom this complaint is made:

Nature of complaint in detail: (additional pages as needed)

Name and address of witnesses to incident, if applicable:

Your name, address and phone number: (A letter is sent to the individual named in this complaint for their response to these allegations. You need to be aware that the information contained on this form **will** be furnished to the individual.)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Signature