



Department of Regulatory Agencies
Division of Registrations

Board of Chiropractic Examiners
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-2318 Fax: (303) 869-0281
<http://www.dora.state.co.us/chiropractic>

Please type or print legibly and return to the Board of Chiropractic Examiners at the above address.

COMPLAINT AGAINST: License # _____

Name Phone #

Address City State Zip

Nature of Complaint (check all that apply):

- Sexual contact with a patient
- Fraudulent license
- Substance abuse
- Physically/mentally not fit to practice
- Criminal conviction
- Practicing without a license
- Other: Please describe: _____
- Billing or insurance dispute
- Abandoned a patient
- Poor record keeping
- Failed to meet generally accepted standards
- Failed to provide adequate supervision

1. Please provide a chronological statement of your complaint, including dates. Please attach a separate sheet of paper, and type or legibly print your complaint.

2. List names, addresses and telephone numbers of witnesses including other professionals. Report any police investigation including case number and submit the written report (if available).

3. Please attach copies of all documents relevant to your complaint such as letters and other correspondence, police reports, contracts, witness statements and/or drawings.

I ATTEST THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name Signature Date

Facility, Agency, or Business Name Address City State Zip

Home Address City State Zip

Day Time Phone # Alternate Phone # Fax Email