



**NOTICE:**

All NDBACE files are subject to the North Dakota Open Records Law

**RETURN FORM TO:**

North Dakota Board of Addiction Counseling Examiners  
402 E MAIN AVE, Ste #5, Bismarck, ND 58501-4091  
Or email an electronic copy to board@ndbace.org

## Complaint Form

### Party Making the Complaint

Name: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### Party Against Whom the Complaint is Made

Name: \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Place of Employment: \_\_\_\_\_

### Nature of Complaint

List each incident, setting forth specific date(s), full name(s) of all alleged participants, and a brief statement describing each incident. If you require additional space, attach additional sheets of paper to this form.

I hereby certify that the above-stated charges are true and correct to the best of my knowledge. I further certify that the NDBACE is hereby authorized to copy and release this complaint as may be required by law or for the proper resolution of this matter.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_