

MISSOURI CREDENTIALING BOARD COMPLAINT FORM

428 E. Capitol, 2nd Floor
JEFFERSON CITY MO 65101
PHONE: (573) 616-2300
FAX: (573) 616-2303
WEBSITE: www.missouricb.com

INSTRUCTIONS: Please type or print clearly. Give full name and address of the credentialed professional against whom the complaint is made. Give your full name, address, telephone number, and e-mail address. State the facts of the complaint clearly and specifically. Copies of documents, letters or other exhibits supporting the complaint should be provided whenever possible. **Mail the completed form to the MCB at the address listed above.**

PERSON MAKING COMPLAINT (COMPLAINANT) INFORMATION

Complainant Name (Required)		Telephone Number (Required)
Street Address (Required)		
City	State	Zip Code
E-Mail Address (Required)		

WITNESS INFORMATION

WITNESS NAME	ADDRESS	TELEPHONE NUMBER

INFORMATION ABOUT THE PROFESSIONAL BEING REPORTED

FULL NAME OF PROFESSIONAL	CERTIFICATE NUMBER (IF KNOWN)
HOME ADDRESS (IF KNOWN)	
TELEPHONE NUMBER (IF KNOWN)	
EMPLOYER	
EMPLOYER ADDRESS	
EMPLOYER PHONE NUMBER	

DESCRIPTION OF COMPLAINT

DATE(S) OF ALLEGED VIOLATION(S)
Will you, as the complainant, willingly testify at a hearing if the Missouri Credentialing Board takes disciplinary action as a result of this complaint? YES NO <input type="checkbox"/> <input type="checkbox"/>

Indicate which Ethics principal and which paragraph was violated:

Principal Number:

Paragraph:

Give a brief describe the facts and details of the event(s). Attach additional paper if necessary.

Both the complaint and any information obtained as a result of the investigation thereof shall be considered a closed record and shall not be available for inspection by the general public. However, a copy of the complaint and any attachments thereto shall be provided to any credentialed professional who is the subject of the complaint, or his/her legal counsel, upon written request to the Board.

I hereby certify that to the best of my knowledge all statements in the above complaint are true and correct.

Signature of Complainant

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires

(SEAL)