

# MISSOURI CREDENTIALING BOARD COMPLAINT FORM

428 E. Capitol, 3rd Floor  
JEFFERSON CITY MO 65101  
PHONE: (573) 616-2300  
FAX: (573) 616-2303

WEBSITE: [www.missouricb.com](http://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? <b>YES</b> <b>NO</b> <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)