

WEST VIRGINIA ASSOCIATION OF LICENSING BOARDS

101 DEE DRIVE, SUITE 100
CHARLESTON, WEST VIRGINIA 25311-1688
PHONE: (304) 558-3572
Web Page: www.wvlicensingboards.com

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