OHIO BOARD OF DIETETICS

77 SOUTH HIGH STREET, 18TH FLOOR
COLUMBUS, OH 43215-6119 - (614) 466-3291
www.dietetics.ohio.gov

COMPLAINT FORM

Person Registering Complaint

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: ( ) _____

Complaint Registered Against

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: ( ) _____

State the nature of your complaint :(Include dates of alleged offenses, locations of alleged offenses, names of witnesses, and copies of documents relevant to your complaint.)

_____

_____

_____

_____

_____

_____

_____

(You may attach separate sheets for additional comments or documents.)

If the Ohio Board of Dietetics should find grounds for an Administrative Hearing, it may be necessary for you to appear as a witness under subpoena. Would you be willing to testify? Yes ☐ no ☐

Please return to:
Ohio Board of Dietetics
77 South High St., 18th Floor
Columbus, OH 43215-6119

_____
Signature of person registering complaint ***Date***

compform205 –rev. 1/05, 2/05, 3/14