



**North Carolina Board of Dietetics/Nutrition**  
 1000 Centre Green Way, Suite 200, Cary, NC 27513  
 Phone: 919.228.6391 Fax: 919.882.1776 Email: [info@ncbdn.org](mailto:info@ncbdn.org)  
 Web: [www.ncbdn.org](http://www.ncbdn.org)

**This form is designed to assist you in filing a complaint regarding one of the following:**

- Licensed dietitian/nutritionist
- Licensed health care professional
- Unlicensed person practicing dietetics/nutrition

*Please note, although the North Carolina Board of Dietetics/Nutrition accepts anonymous complaints, if the NCBDN pursues legal action pursuant to a complaint, witness testimony usually is required. Generally, persons who make complaints are the individuals who possess the necessitated knowledge regarding the facts and circumstances of the complaints. Thus, if an anonymous complaint is submitted, without admissible evidence substantiating the complainant's allegations, it is unlikely that the Board will be able to pursue legal action.*

*Further, the Board does not have the authority to settle disputes between you and the person named below. Making a complaint to the NCBDN is not the same thing as filing a complaint with an arbitration board or a lawsuit with a civil court. The NCBDN has the authority to make application to any appropriate court for an order enjoining violations of N.C. General Statute Chapter 90, Article 25 and can limit, suspend or if serious enough, revoke the license of licensees who have violated this Act, but cannot take personal action on a complainant's behalf.*

You will assist the NCBDN in reviewing your complaint by providing as much of the requested information as possible. Please use additional pages as needed to provide other information relating to your complaint. A copy of your complaint may be provided to the licensee for response. (Please print or type)

**COMPLAINANT: (INDIVIDUAL FILING THE COMPLAINT)**

Date: \_\_\_\_\_ N.C. License Number (if Applicable): \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

**INFORMATION REGARDING INDIVIDUAL AGAINST WHOM THE COMPLAINT IS DIRECTED**

Name: \_\_\_\_\_ N.C. License Number (if Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS COMPLETELY AND CONCISELY**

Specifics of your complaint:

Your complaint is important to the Board so it is essential that you provide a clear and detailed statement of your complaint. Be as specific as possible about your major concerns regarding the licensee or unlicensed person. If necessary, use additional sheets of paper.

Please attach copies of any documents that support your complaint (advertisements, letters, bills, brochures, etc.).

- Check here if supporting documentation has been included.

Date of key events: \_\_\_\_\_

Names of people who may have knowledge of the facts and circumstances, which are the basis of your complaint, and their contact information (e-mail, phone or addresses):

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Your knowledge of the facts and circumstances, which are the basis of the complaint you are making:

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State the specific violations of concern.

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Have you discussed this issue with the person addressed in this complaint?       YES       No

If yes, what did the conversation entail?

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Describe any other steps you have taken to resolve this complaint.

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What action do you wish to see from this complaint?

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I hereby certify that the facts set forth in this complaint are true to the best of my knowledge, or reasonably believed by me to be true. This complaint is drafted freely and voluntarily.

I understand that a copy of this complaint may be provided to the person who is the subject of this complaint. In addition, I understand that the information contained in this complaint may become public record should this matter go to a hearing before the North Carolina Board of Dietetics/Nutrition.

\_\_\_\_\_  
Complainant's Full Name Printed

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**When complete, return entire complaint form, along with any additional documents, to:**

**NORTH CAROLINA BOARD OF DIETETICS/NUTRITION  
1000 Centre Green Way, Suite 200 • Cary • North Carolina • 27513**

**Thank you for taking the time to complete this form. We appreciate your input in helping the NCBDN to protect the citizens of North Carolina from harmful nutrition practices.**