



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: _____
Number & Street

_____ *City* _____ *State* _____ *Zip + 4*

Phone: (____) _____ (____) _____
Home *Work*

COMPLAINT REGISTERED AGAINST:

Name: _____

Address: _____
Number & Street

_____ *City* _____ *State* _____ *Zip + 4*

Phone: (____) _____ (____) _____
Home *Work*

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
South High St., 18th Floor
Columbus, OH 43215-6119
Fax (614) 728-0723

Signature of person registering complaint

Date