

**Mississippi State Board of Optometry
Complaint Form**

Complaint against:

Optometrist Optician Other (please specify) _____

Your Name: _____

Your Street Address: _____

Your Telephone: (home) _____ (office) _____

Name of person against whom you complain: _____

Street Address of person you are filing complaint against:

Nature of Complaint (attach additional supporting information if you desire):

Witnesses (provide the names, addresses and phone numbers of any of your witnesses):

A. Name _____
Address _____
Phone _____

B. Name _____

Address _____

Phone _____

C. Name _____

Address _____

Phone _____

Please return form to: Mississippi State Board of Optometry
P. O. Box 12370
Jackson, MS 39236-2370

Managed By:

[Licensing Board Management Services](#)