



Mississippi State Board of Optometry

Complaint Form

Complaint against:

Name: _____

Street Address _____

Nature of complaint (attach additional supporting information and/or witness information if you desire):

Your Name: _____

Your Address: _____

Your Telephone: (home) _____ (cell) _____

Your Signature

Date

Please return form to:

Mississippi State Board of Optometry

PO Box 12370

Jackson, Mississippi 39236-2370