



# 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  
5 Old River Place  
Suite 105  
Jackson, Mississippi 39202-3449