



South Carolina
Department of Labor, Licensing and Regulation



Synergy Business Park
110 Centerview Drive
P.O. Box 11329
Columbia, South Carolina
29211-1329

Office of Investigations and Enforcement
Board of Podiatry Examiners

Telephone: (803) 896-4470
Fax: (803) 896-4656

Complaint Form

Please type or print legibly.

Complainant Information

(Individual filing complaint)

Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Fax: (____) _____

Evening Phone: (____) _____

What is the best way to reach you? Daytime Phone Evening Phone E-mail: _____

Respondent Information

(Individual the complaint is filed against)

Board or Profession: _____

Name: _____
(Last) (First) (Middle Initial)

Business Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____

Please list all witnesses, providing names, addresses, and telephone numbers.

Statement of Complaint

Date and Location of Alleged Violation: _____

Please provide a statement of facts, allegations and/or, concerns. Attach a copy of each document you possess that can substantiate any facts in your complaint. These documents will not be returned. Please attach additional sheets, if necessary.

Have you attempted to contact the licensee concerning your complaint ___ Yes ___ No If yes, When? _____
 What was the result? _____

I attest that the information provided is true, correct, and complete to the best of my knowledge.

| | | |
|-----------------------|-------------------|--------|
| Complainant Signature | (Date) | |
| Notary Public | (Expiration Date) | (Date) |

| | |
|---|--|
| <p>Date Received ___/___/___</p> <p>License Number _____</p> <p>How Received _____</p> <p>Acknowledgement letter sent ___/___/___</p> | <p style="text-align: center;">For Office Use Only</p> <p>Receiving Board: _____</p> <p>License Type _____</p> <p>Date Reviewed ___/___/___</p> <p>Category _____</p> |
|---|--|