Commonwealth of the Northern Mariana Islands
**HEALTH CARE PROFESSIONS LICENSING BOARD**
P.O. Box 502078, Bldg., 1242 Pohnpei Court
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Website: cnmibpl-hcplb.net

# COMPLAINT FORM

Date Received: _____
Complaint No.: _____

Complainant's Name: _____

Complainant's Address: _____

Contact No.: _____

Name of Subject: _____

Address of Subject: _____

Contact No.: _____

Name and Address of Witnesses: _____

Details of Complaint: _____

< Use reverse side of this form if you need additional space >

_____ _____
Signature Date