



MISSISSIPPI STATE BOARD OF OPTOMETRY

Complaint Form

Complaint against:

Name: _____

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

or email to info@msbo.ms.gov