



**LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**

18550 HIGHLAND ROAD, SUITE B ◦ BATON ROUGE, LOUISIANA 70809

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[WWW.LBESPA.ORG](http://WWW.LBESPA.ORG)

## COMPLAINT FORM

**Person Registering Complaint**

Name				
Address				
City		State		Zip

**Person Complaint Registered Against**

Name				
Address				
City		State		Zip

Is the speech-language pathologist or audiologist licensed by this Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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License Number (if known)	
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**Details of Complaint.** Include specific details such as names of people involved, dates, location, particulars about the alleged violation(s), and any other pertinent facts. Please submit legible complaints, preferably typed. (Multiple pages may be necessary. Each page must be signed and dated.)

Signature	Date
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