



BOARD OF CERTIFICATION

Be Certain.™

1415 Harney Street, Suite 200 * Omaha, Nebraska 68102
Voice: (402) 559-0091 * Fax: (402) 561-0598 * Staff@bocatc.org * www.bocatc.org

Complaint Form

(Please type or print)

Person Registering Complaint:

Last Name First Name M.I.

Address

City State ZIP

Home Phone (please include area code) Business Phone (please include area code)

Email Address

If you are a Certified Athletic Trainer, please provide your certification number: _____

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Complaint Registered Against:

Last Name First Name M.I.

Address

City State ZIP

Home Phone (please include area code) Business Phone (please include area code)

Certification Number (if known): _____ Date of Birth (if known): _____

Employer

Address

City State ZIP

Phone (please include area code)

Have you voiced your complaint to the person or their employer?

_____ Yes _____ No If Yes, When? _____

What was the response of the person/employer?



Please submit completed complaint forms and supporting documentation to the address below.

**Board of Certification
Attn: PP&D
1415 Harney St Ste 200
Omaha NE 68102-2205**

For Office Use Only

Date Received: ___ / ___ / _____

Date Investigative Process Initiated: ___ / ___ / _____

Date Investigative Process Completed: ___ / ___ / _____

Please attach investigative report and all supporting documentation.



Release of Information Authorization

I authorize any person, including, but not limited to, hospitals, educational institutions, health care providers, mental health providers, clinics, employers (past and present), laboratories, attorneys, insurance companies, government agencies or other public or private agencies to release to the NATA Board of Certification, Inc., their representatives, agents or employees, any and all information about me, including documents, reports, records, files, testimony or any other documents regardless of form or content.

A copy of this authorization shall be valid as the original.

Name _____ Date of Birth _____
(Print or type)

Signature _____ Date _____

To Be Completed By A Notary Public

Sworn and subscribed before me this ____ day of _____,

in the county of _____ in the state of _____

My Commission Expires: _____

Notary Public Signature

Seal:

DO NOT WRITE BELOW THIS LINE

To: _____
Address: _____

Please submit copies of all records indicated below regarding the above release of information authorization. Thank you.

Record #1:

Record #2:

Record #3:

Please send all information to:
Board of Certification
Attn: PP&D
1415 Harney St Ste 200
Omaha NE 68102-2205