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**Society of Ortho-Bionomy International**

PO Box 40937, Indianapolis, Indiana 46240

E-mail: [office@ortho-bionomy.org](mailto:office@ortho-bionomy.org) [www.ortho-bionomy.org](http://www.ortho-bionomy.org)

**Grievance Form**

**Complainant Name** (person filing):

**Address:**

**Telephone:**

**E-Mail:**

**Best time to reach you:** daytime       evenings

**Name of Subject of this Complaint** (Respondent):

Contact information of respondent (if known):

**Code of Ethics perceived to be breeched:**

**Nature and outline of the Complaint** (attach additional sheets if necessary). Please be specific.

The information given above (and attached) is true and accurate to the best of my knowledge. I realize the serious nature of filing a Grievance. I recognize that the Professional Conduct Committee will not be able to take action without my cooperation to provide additional information if needed. I understand that a copy of this complaint will be sent to the individual named above as the subject of this grievance in accordance with his/her legal rights.

     

**Signature Date**

**Initials**