

**REPRIMAND/CENSURE/SUSPENSION/DISBARRED/DISQUALIFIED**

Complete this form to document any incidents in which you were reprimanded, censured, suspended, disbarred, or disqualified (use a separate form for each incident).

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**Name at time of charge or complaint:**

**Social Security Number:**

**License number against which complaint was filed:**

**Date of complaint:**

**Name of complainant:**

**Full title of complaint:**

**Name of the authority in possession of the records:**

**Address of authority in possession of records:**

**Detailed narrative explanation of the circumstances and the disposition of the matter:**

**Final Disposition:**

**Date of Disposition:**

**Were conditions imposed upon you or your license? Have all conditions of disposition been fulfilled?**

**Attach complaint, pleadings, responses and orders, including final disposition and satisfaction.**