

BEFORE THE INDIANA  
STATE BOARD OF NURSING  
CAUSE NUMBER: 2023 NB 0081

IN THE MATTER OF THE LICENSE OF:

RENEE KIMBERLING, R.N.

LICENSE NUMBER: 28093238A



**FINDINGS OF FACT, ULTIMATE FINDINGS OF FACT, CONCLUSION OF LAW,  
AND ORDER**

The Indiana State Board of Nursing (“Board”) held an administrative hearing on June 20, 2024, in Conference Room B of the Indiana Government Center South located at 302 West Washington Street, Indianapolis, Indiana 46204, concerning an Administrative Complaint filed against the Indiana nursing license of Renee Kimberling, R.N. (“Respondent”) on March 29, 2023.

The State of Indiana (“Petitioner”) was represented by counsel, Deputy Attorney General Ryan P. Eldridge. Respondent failed to appear in person or by counsel.

The Board, after taking official notice of the file in the matter and pursuant to Ind. Code § 4-21.5-3-24, by a vote of 5-0-0 finds Respondent to be in DEFAULT. In addition, the Board by a vote of 5-0-0 dismisses Respondent’s petition to surrender. The Board by a separate vote of 5-0-0 issues the following Findings of Fact, Ultimate Findings of Fact, Conclusion of Law, and Order.

**FINDINGS OF FACT**

**Parties**

1. The Office of the Attorney General (“OAG”) is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondent’s license.
2. Respondent is a Registered Nurse (“R.N.”) and holds license number 28093238A, which was issued by the Board on September 19, 1985, and expires on October 31, 2023.
3. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 5381 West 1450 North, Wheatfield, Indiana 46392.

## **Jurisdiction**

4. On March 2, 2021, the OAG received a consumer complaint filed against Respondent, and an investigation was then conducted as authorized by Ind. Code § 25-1-7-5(b)(4).

5. After investigation, the OAG determined that the complaint had merit, and, accordingly, a copy of that consumer complaint was submitted to the Board.

6. The OAG having tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

7. Further, at all times relevant, Respondent was a “practitioner” as that term is defined by Ind. Code § 25-1-9-2.

8. As such, the Board has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

## **Respondent’s Misconduct**

### **Healing Arts**

9. Since 2013, Healing Arts Center of Valparaiso, LLC (“Healing Arts”) has been open in Valparaiso, Indiana.

10. From approximately August 24, 2018 till at least April 11, 2021, Respondent was listed as the Clinical Director at Healing Arts.

11. From approximately January 1, 2021 to December 20, 2022, Respondent was the Manager and/or President of Healing Arts.

12. At the time of this filing, Respondent still works at Healing Arts. Her biography on [healingartsvalpo.com](http://healingartsvalpo.com) (“website”) states, “Dr. Renee is the founding practitioner of Healing Arts and is a board-certified traditional naturopath. She specializes in Allergy Relief Therapy, or ART. Allergies can be the root cause of many chronic health conditions, and through ART allergies of all kinds can be permanently eliminated, restoring health and vitality.”

### **Expired Medication**

13. Respondent and/or her staff administered expired medication via injection to one (1) or more patients at Healing Arts in 2020.

14. Respondent and/or her staff altered expiration dates on one (1) or more medications at Healing Arts in 2020.

15. Respondent failed to dispose of expired medications at Healing Arts prior to the expiration date or shortly thereafter. In 2020, Respondent had multiple expired medications on the premises with expiration dates from August 2017 to 2019.

16. Respondent had no reverse distributor for expired medication disposal at Healing Arts.

### **Ozone Therapy**

17. Under 21 C.F.R. §801.415(a), “Ozone is a toxic gas with no known useful medical application in specific, adjunctive, or preventive therapy. In order for ozone to be effective as a germicide, it must be present in a concentration far greater than that which can be safely tolerated by man and animals.”

18. As early as March 17, 2018, the website started to advertise Ozone Therapy. The website listed the following, “On occasion and if warranted, ozone may also be added to the blood and re-infused back into the body.” The website listed such therapy in connection with Ultraviolet Blood Irradiation (UBI). The conditions “helped” by such treatment were listed as bacterial infections, viral infections, cancer, respiratory disease, among other conditions.

19. At the time of this filing, Healing Arts advertised IV Ozone on its website as follows, “**IV Ozone** promotes the body’s natural regeneration and healing through increased

oxygenation. Effectively fights cancer, various viral and bacterial infections, inflammation, and improves circulation.” (Emphasis in original).

### **ULTIMATE FINDINGS OF FACT**

#### **Count 1 Adulterated Drugs**

20. Respondent’s conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question as evidenced by Respondent’s violation of Ind. Code § 16-42-3-3(1). Specifically, Respondent violated Ind. Code § 16-42-3-3(1) by her allowance of expired medication to be retained within the clinic.

#### **Count 2 Adulterated Drugs**

21. Respondent’s conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question as evidenced by Respondent’s violation of Ind. Code § 16-42-3-3(3). Specifically, Respondent violated Ind. Code § 16-42-3-3(3) by her allowance of expired medication to be retained within the clinic.

#### **Count 3 Unsafe Judgment**

22. Respondent’s conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question as evidenced by Respondent’s violation of 848 IAC 2-2-3(1). Specifically, Respondent violated 848 IAC 2-2-3(1) by her allowance of expired medication on the premises and injection of such expired medication.

**Count 4**  
**Failure to Keep Abreast of Current Professional Theory and Practice**

23. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although Respondent has become unfit to practice due to failure to keep abreast of current professional theory or practice. Specifically, Respondent violated Ind. Code §25-1-9-4(a)(4)(B) by allowing expired medication to be retained within the clinic and allowing staff to utilize expired medication.

**Count 5**  
**Ozone Therapy**

24. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although Respondent has become unfit to practice due to failure to keep abreast of current professional theory or practice. Specifically, Respondent violated Ind. Code §25-1-9-4(a)(4)(B) by allowing ozone therapy to be used as a modality for treatment at the clinic despite 21 C.F.R. § 801.415(a).

**Count 6**  
**Advertised in a False or Misleading Manner**

25. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(1)(C) in that Respondent has advertised services in a false or misleading manner. Specifically, Respondent violated Ind. Code §25-1-9-4(a)(1)(C) by advertising Ozone Therapy services despite 21 C.F.R. § 801.415(a).

**CONCLUSION OF LAW**

26. Respondent's violations of Ind. Code § 25-1-9-4 is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation, and/or a fine up to the amount of one thousand dollars (\$1000.00) per violation as detailed in Ind. Code § 25-1-9-9.

## **ORDER**

Based upon the above Findings of Fact, Ultimate Findings of Fact, and Conclusion of Law, the Board issues the following Order:

1. Respondent's Indiana nursing license is **REVOKED**.
2. Respondent shall pay a **FINE** in the amount of **SIX THOUSAND DOLLARS**

**(\$6,000.00)** payable to the Indiana Professional Licensing Agency at the following address:

Indiana Professional Licensing Agency  
Attn: Indiana State Board of Nursing  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

3. Respondent shall pay **COSTS** in the amount of **Six Hundred and Ninety-Seven Dollars and Sixty Cents(\$697.60)** payable to the Indiana Professional Licensing Agency at the following address:


Indiana Professional Licensing Agency  
Attn: Indiana State Board of Nursing  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

4. Respondent shall, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE** of **FIVE DOLLARS (\$5.00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General  
Attn: Executive Assistant, Consumer Protection  
302 West Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204

**SO ORDERED**, this 14<sup>th</sup> day of August, 2024.

**INDIANA STATE BOARD OF NURSING**

By:  for  
Jennifer Miller, R.N.  
President  
Indiana State Board of Nursing


## **CERTIFICATE OF SERVICE**

I certify that a copy of the “Findings of Fact, Ultimate Findings of Fact, Conclusion of Law, and Order” has been duly served upon:

Renee Kimberling  
5381 West 1450 North  
Wheatfield, Indiana 46392  
**Service via U.S. Mail**  
**Service via E-mail**

Ryan P. Eldridge  
Deputy Attorney General  
Office of the Indiana Attorney General  
302 West Washington Street  
IGCS – 5<sup>th</sup> Floor  
Indianapolis, Indiana 46204  
Ryan.eldridge@atg.in.gov  
**Service via Email**

08/14/2024  
Date

  
Catherine Briney, Litigation Coordinator

Indiana State Board of Nursing  
Indiana Government Center South  
402 West Washington St., Room W072  
Indianapolis, IN 46204  
Phone: 317-234-2043  
Fax: 317-233-4236  
Email: [pla2@pla.in.gov](mailto:pla2@pla.in.gov)

### **Explanation of Service Methods**

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

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CAUSE NUMBER: 2023 NB 0081

IN THE MATTER OF THE LICENSE OF: )  
RENEE KIMBERLING, R.N. )  
LICENSE NUMBER: 28093238A (ACTIVE) )



**ADMINISTRATIVE COMPLAINT**

Petitioner, the State of Indiana, by counsel, Deputy Attorney General Ryan P. Eldridge, pursuant to Ind. Code § 25-1-7-7 and Ind. Code ch. 4-21.5-3, brings this Administrative Complaint before the Indiana State Board of Nursing against the nursing license of Renee Kimberling, R.N. (“Respondent”) for violations of Ind. Code § 25-1-9-4. In support, Petitioner states and alleges the following:

**FACTS**

**Parties**

1. The Office of the Attorney General (“OAG”) is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondent’s license.
2. Respondent is a Registered Nurse (“R.N.”) and holds license number 28093238A, which was issued by the Board on September 19, 1985, and expires on October 31, 2023.
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5. After investigation, the OAG determined that the complaint had merit, and, accordingly, a copy of that consumer complaint is being submitted to the Board herewith as Exhibit A.

6. The OAG having tendered a meritorious complaint, the Board has jurisdiction to hear this matter under Ind. Code § 25-1-7-5(b)(1).

7. Further, at all times relevant, Respondent was a “practitioner” as that term is defined by Ind. Code § 25-1-9-2.

8. As such, the Board has authority to hear this case and to impose any of the sanctions enumerated under Ind. Code § 25-1-9-9.

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oxygenation. Effectively fights cancer, various viral and bacterial infections, inflammation, and improves circulation.” (Emphasis in original).

### **CHARGES**

20. Paragraphs one (1) through nineteen (19) are incorporated by reference.

#### **Count 1 Adulterated Drugs**

21. Respondent’s conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(3) in that Respondent has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question as evidenced by Respondent’s violation of Ind. Code § 16-42-3-3(1). Specifically, Respondent violated Ind. Code § 16-42-3-3(1) by her allowance of expired medication to be retained within the clinic.

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**REQUESTED RELIEF**

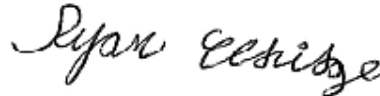
**ACCORDINGLY**, Petitioner requests that the Board issue an order against Respondent that:

- I. Imposes one or more of the disciplinary sanctions authorized by Ind. Code § 25-1-9-9;

- II. Directs Respondent to pay all of the costs incurred in the prosecution of this case, as authorized by Ind. Code § 25-1-9-15;
- III. Directs Respondent to pay a fee of Five Dollars (\$5.00) to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund pursuant to Ind. Code § 4-6-14-10(b); and,
- IV. Provides any other relief the Board deems just and proper.

Respectfully submitted,

THEODORE E. ROKITA  
Indiana Attorney General  
Attorney No. 18857-49



By:

Ryan Eldridge  
Deputy Attorney General  
Attorney No. 34578-49

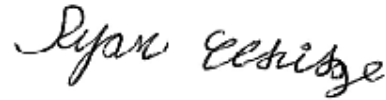
**Office of Attorney General Todd Rokita**  
302 West Washington Street  
Indiana Government Center South, 5<sup>th</sup> Floor  
Indianapolis, Indiana 46204-2770  
Email: ryan.eldridge@atg.in.gov

**CERTIFICATE OF SERVICE**

I hereby certify that on the 30th day of March, 2023, a true and correct copy of this  
Administrative Complaint was served upon the below-listed party or parties:

Renee Kimberling  
5381 West 1450 North  
Wheatfield, Indiana 46392

By:

A handwritten signature in cursive script that reads "Ryan Eldridge".

Ryan Eldridge  
Deputy Attorney General  
Attorney No. 34578-49



**CONSUMER COMPLAINT**  
Office of the Indiana Attorney General  
(R5 / 12-17)

State Ex. A

**INSTRUCTIONS:** To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11619398

| Section 1: Your Information   |  |   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
|---|--|---|--|---|---|---|---|---|---|--|---|--|--|--|--|--|
| Salutation<br><input type="checkbox"/> Det. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev.  |  | Street Address<br>402 W Washington St   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| Full Name/Organization/Agency<br>T ■■■■■ T ■■■■■  |  | City<br>Indianapolis  | State<br>IN                                | Zip Code<br>46204   |   |   |   |   |   |  |   |  |  |  |  |  |
| If an Organization/Agency provide a Primary Contact Name  |  | County  | Daytime Phone<br>■■■■■ ■■■■                |   |   |   |   |   |   |  |   |  |  |  |  |  |
| Age Group<br><input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+  |  | Email Address<br>■■■■■ ■■■■   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
|   |  | May we contact you by email? If yes, we will not contact you by regular mail  |  | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |   |   |   |   |   |  |   |  |  |  |  |  |
|   |  | Are you or your spouse active military?   |  | <input type="checkbox"/> No <input type="checkbox"/> Yes            |   |   |   |   |   |  |   |  |  |  |  |  |
| Section 2: Who is the Complaint Against?  |  |   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| Individual/Business<br>Healing Arts Center  |  | Name of Individual/Representative you dealt with  |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| Street Address<br>2307 LaPorte Ave #10  |  | City<br>Valparaiso  | State<br>IN                                | Zip Code<br>46383   |   |   |   |   |   |  |   |  |  |  |  |  |
| County  | Daytime Phone  | Email Address   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| Section 3: Transaction/Incident Details   |  |   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| 3-A: Date of Transaction/Incident<br>07-17-2020   |  | 3-B: If a Transaction, what was the Transaction for?<br><input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| 3-C: Where did the Transaction/Incident occur? (check box where applicable)<br><table border="0"><tr><td><input type="checkbox"/> My home</td><td><input type="checkbox"/> By Internet/email</td></tr><tr><td><input type="checkbox"/> At the location of the business</td><td><input type="checkbox"/> By telephone</td></tr><tr><td><input type="checkbox"/> Away from the location of the business</td><td><input type="checkbox"/> By Social Media</td></tr><tr><td><input type="checkbox"/> By mail</td><td><input type="checkbox"/> Other</td></tr></table>   |  |   |  |   | <input type="checkbox"/> My home                              | <input type="checkbox"/> By Internet/email                  | <input type="checkbox"/> At the location of the business        | <input type="checkbox"/> By telephone                 | <input type="checkbox"/> Away from the location of the business | <input type="checkbox"/> By Social Media       | <input type="checkbox"/> By mail                  | <input type="checkbox"/> Other                                     |  |  |  |  |
| <input type="checkbox"/> My home  | <input type="checkbox"/> By Internet/email                         |   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> At the location of the business  | <input type="checkbox"/> By telephone                              |   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> Away from the location of the business   | <input type="checkbox"/> By Social Media                           |   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> By mail  | <input type="checkbox"/> Other                                     |   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| 3-D: What was the very first contact between you and the Individual/Business?<br><table border="0"><tr><td><input type="checkbox"/> I telephoned the individual/business</td><td><input type="checkbox"/> I received information in the mail</td><td><input type="checkbox"/> I responded to a printed advertisement</td></tr><tr><td><input type="checkbox"/> I responded to a TV/radio ad</td><td><input type="checkbox"/> I went to the location of the business</td><td><input type="checkbox"/> Other, describe below</td></tr><tr><td><input type="checkbox"/> A person came to my home</td><td><input type="checkbox"/> I received a phone call from the business</td><td></td></tr><tr><td><input type="checkbox"/> I received information by email</td><td><input type="checkbox"/> I responded to an offer on the Internet</td><td></td></tr></table> |  |   |  |   | <input type="checkbox"/> I telephoned the individual/business | <input type="checkbox"/> I received information in the mail | <input type="checkbox"/> I responded to a printed advertisement | <input type="checkbox"/> I responded to a TV/radio ad | <input type="checkbox"/> I went to the location of the business | <input type="checkbox"/> Other, describe below | <input type="checkbox"/> A person came to my home | <input type="checkbox"/> I received a phone call from the business |  | <input type="checkbox"/> I received information by email | <input type="checkbox"/> I responded to an offer on the Internet |  |
| <input type="checkbox"/> I telephoned the individual/business   | <input type="checkbox"/> I received information in the mail        | <input type="checkbox"/> I responded to a printed advertisement   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> I responded to a TV/radio ad   | <input type="checkbox"/> I went to the location of the business    | <input type="checkbox"/> Other, describe below  |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
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| <input type="checkbox"/> I received information by email  | <input type="checkbox"/> I responded to an offer on the Internet   |   |  |   |   |   |   |   |   |  |   |  |  |  |  |  |
| 3-E: How did you Pay?<br><table border="0"><tr><td><input type="checkbox"/> Cash</td><td><input type="checkbox"/> Credit Card/Pre-pay</td><td><input type="checkbox"/> Medicaid</td><td><input type="checkbox"/> Pay-Pal</td><td><input type="checkbox"/> Wire Transfer</td></tr><tr><td><input type="checkbox"/> Check</td><td><input type="checkbox"/> Installment Loan</td><td><input type="checkbox"/> Medicare</td><td><input type="checkbox"/> Private Insurance</td><td><input type="checkbox"/> Other</td></tr></table>   |  |   |  |   | <input type="checkbox"/> Cash                                 | <input type="checkbox"/> Credit Card/Pre-pay                | <input type="checkbox"/> Medicaid                               | <input type="checkbox"/> Pay-Pal                      | <input type="checkbox"/> Wire Transfer                          | <input type="checkbox"/> Check                 | <input type="checkbox"/> Installment Loan         | <input type="checkbox"/> Medicare                                  | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Other                           |  |  |
| <input type="checkbox"/> Cash   | <input type="checkbox"/> Credit Card/Pre-pay                       | <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Pay-Pal           | <input type="checkbox"/> Wire Transfer                              |   |   |   |   |   |  |   |  |  |  |  |  |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Installment Loan                          | <input type="checkbox"/> Medicare   | <input type="checkbox"/> Private Insurance | <input type="checkbox"/> Other                                      |   |   |   |   |   |  |   |  |  |  |  |  |
| 3-F: What, if any, is the Dollar amount associated with your loss?  |  | \$  |  |   |   |   |   |   |   |  |   |  |  |  |  |  |

**Section 4 Actions Taken by Consumer**

- ☐ Yes ☐ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- ☐ Yes ☐ No 4-B: Have you hired a private attorney?
- ☐ Yes ☐ No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- ☐ Yes ☐ No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

**Section 4 Actions Taken by Consumer - continued**

- ☐ Yes ☐ No 4-E: Have you complained to the Individual/Business?
- Yes ☐ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

**Section 5 Transaction/Incident Details – attach additional pages if necessary**

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

In my duties as a Diversion Officer with the Indiana Board of Pharmacy it was reported to me by [REDACTED], employee at the time of reporting, of Healing Arts Center in Valparaiso about the use of outdated medication for infusion on site to patients. [REDACTED] had taken [REDACTED] concerns to Renee Kimberling, clinical director, and [REDACTED] regarding the use of outdated medications. [REDACTED] was told to use the medications because "we paid for them and we are going to use them". Pictures were provided to the AG's office showing the outdated products.

**Section 6 How would you like your Complaint resolved?**

A review of the practice of Healing Arts Center by your office and the Indiana Medical Licensing Board.

**Section 7 WHAT HAPPENS NEXT?**

**The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.** This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

**Section 8 Mail Completed Forms to:**

Office of Attorney General  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204  
317-232-6330 (phone) • 317-233-4393 (fax)  
www.IndianaConsumer.com

**Section 9 Consent and Verification**

- Do you consent to disclosing the following information to the public? → ☒ Yes ☐ No The nature of the complaint and the individual/business name
- ☒ Yes ☐ No Your name
- ☒ Yes ☐ No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

T [REDACTED] T [REDACTED]  
Your signature

March 2, 2021  
Date