

ARIZONA MEDICAL BOARD
Complaint Form Instruction Sheet

The Board's Authority: The complainant should be aware of the Board's statutory authority to regulate medical doctors (M.D.'s) under the Arizona Medical Practice Act. The Board does not want to discourage the filing of a valid complaint, however, as an administration agency, the Board's jurisdiction and authority are limited. Only violations of the Arizona Medical Practice Act fall under the Board's jurisdiction and may result in disciplinary action against a medical doctor.

This complaint form may only be used to file a complaint against a medical doctor (M.D.). If you wish to file a complaint against a health care provider other than an M.D., please see the attached list of Allied Health Professionals; find the type of health care provider you wish to file a complaint about; and then contact the corresponding licensing agency.

1. Complete the enclosed complaint and treatment information forms.
2. Provide the full name of the medical doctor (M.D.) or medical doctors that you wish to file a complaint against.
3. Complete a detailed narrative statement outlining your complaint in chronological order.
4. Provide the names of all other health care providers who have evaluated or treated the patient for the same medical condition, either before or after the subject physician, include physicians, hospitals and emergency rooms, urgent care centers and radiology (x-ray) facilities. Please provide the dates of treatment for each health care provider.
5. Provide the full name, address and daytime telephone number of any witnesses that can provide evidence to support your complaint as well as a brief statement about what evidence the witness is able to provide.
6. Provide a copy of any supporting documents you have in your possession pertaining to your specific complaint, i.e., copies of medical records, explanation of Medicare Benefits (EOMB) or other insurance payments, billings, correspondence, etc. Please do not provide the Board with your original documents.
7. Please fax your complaint to (480) 551-2702 or mail it to the following address:

Arizona Medical Board
Attn: Investigations
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

Please be advised, the Board's complaint files and records are confidential investigative materials, and by law, availability is restricted pursuant to Arizona Revised Statutes (A.R.S.) §32-1451.01.

ARIZONA MEDICAL BOARD
Treatment Information
(Please Print or Type)

Name of Patient: _____ Date of Birth: _____

Name of Patient's Primary Care Physician: _____

Who referred the patient to the subject physician? _____

The patient has been evaluated or treated by the following additional health care providers:

	<u>Name of Provider</u>	<u>Dates of Service</u>
<u>Physicians</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<u>Hospitals and Emergency Rooms</u>	_____	_____
	_____	_____
	_____	_____
<u>X-rays:</u>	_____	_____
	_____	_____
<u>Other Providers:</u>	_____	_____
	_____	_____
	_____	_____

Do you have x-rays related to your complaint in your possession? Yes No

If so, where were the x-rays taken? _____

ARIZONA MEDICAL BOARD
Consumer Complaint Form
(Please Print or Type)

Person Filing Complaint

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Patient Information

Name of Patient: _____

Patient's Date of Birth: _____ Patient's SSN: _____
(Optional)

Complainant's Relationship to Patient: _____

This complaint is being filed against:

Full Name of M.D.: _____

Office Address: _____
(Street Address)

(City) (State) (Zip Code)

Full Name of M.D.: _____

Office Address: _____
(Street Address)

(City) (State) (Zip Code)

(Signature of Complainant) (Date)

ATTACH YOUR ORIGINAL COMPLAINT LETTER TO THIS FORM.

OTHER ALLIED HEALTH PROFESSIONAL REGULATORY AGENCIES

<u>Provider</u>	<u>Agency</u>	<u>Provider</u>	<u>Agency</u>
<u>Chiropractor</u>	State Board of Chiropractic Examiners 5060 North 19th Ave., Suite 416 Phoenix, Arizona 85015 (602) 864-5088	<u>Counselor</u>	State Board of Behavioral Health Examiners 1400 W. Washington, Suite 350 Phoenix, Arizona 85007 (602) 542-1882
<u>Dentist</u>	State Board of Dental Examiners 5060 N. 19th Ave., Suite 406 Phoenix, Arizona 85015 (602) 242-1492	<u>Dispensing Optician</u>	State Board of Opticians Dispensing 1400 W. Washington, Room 230 Phoenix, Arizona 85007 (602) 542-3095
<u>Homeopathic Physician</u>	Arizona Board of Homeopathic Medical Examiners 1400 W. Washington, Room 230 Phoenix, Arizona 85007 (602) 542-3095	<u>Hospital</u>	Department of Health Services Medical Facilities 1647 E. Morten Phoenix, Arizona 85020 (602) 542-1000
<u>Naturopathic Physician</u>	Naturopathic Physicians Board of Medical Examiners 1400 W. Washington, Suite 230 Phoenix, Arizona 85007 (602) 542-8242	<u>Nurse, including LPN, RN and Nurse Practitioner and CNA</u>	Arizona State Board of Nursing 1651 E. Morten Ave., Suite 150 Phoenix, Arizona 85020 (602) 889-5150
<u>Nursing Home</u>	Department of Health Services Long Term Care 1647 E. Morten Phoenix, Arizona 85020 (602) 542-1000	<u>Optometrist</u>	State Board of Optometry 1400 W. Washington, Room 230 Phoenix, Arizona 85007 (602) 542-3095
<u>Osteopathic Physician</u>	Board of Osteopathic Examiners in Medicine and Surgery 9535 E. Doubletree Ranch Road Scottsdale, AZ 85258-5539 (602) 657-7703	<u>Pharmacist</u>	Pharmacy Board 4425 W. Olive Avenue #140 Glendale, Arizona 85015 (602) 463-2727
<u>Physical Therapist</u>	State Board of Physical Therapy Examiners 1400 W. Washington, Suite 230 Phoenix, Arizona 85007 (602) 542-3095	<u>Podiatrist</u>	State Board of Podiatry Examiners 1400 W. Washington, Suite 230 Phoenix, Arizona 85007 (602) 542-3095
<u>Psychologist</u>	State Board of Psychologist Examiners 1400 W. Washington St., Room 235 Phoenix, Arizona 85007 (602) 542-8162	<u>Respiratory Therapist</u>	Board of Respiratory Care Examiners 1400 W. Washington, Suite 200 Phoenix, Arizona 85007 (602) 542-5995
<u>X-ray Technician</u>	Radiation Regulatory Agency 4814 S. 40th St. Phoenix, Arizona 85040 (602) 255-4845		