

# MARYLAND COMMISSION ON KIDNEY DISEASE

4201 Patterson Avenue, Room 309  
Baltimore, Maryland 21215-2299  
410-764-4799  
410-358-3083 (Fax)

## COMPLAINT FORM

### IDENTITY OF CENTER/STAFF

**Full Name/Center:** \_\_\_\_\_

**Center Address:** \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**Center Telephone:** \_\_\_\_\_

### PATIENT NAME

**Full Name:** \_\_\_\_\_  
(Please Print)

**Home Address:** \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**Home Telephone:** \_\_\_\_\_

**Mobile Telephone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### IDENTITY OF COMPLAINANT

**If the person making the complaint is not the patient, please provide the following information:**

**Full Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street) \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**Home Telephone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Relationship to Complainant:** \_\_\_\_\_

**PLEASE DESCRIBE, WITH AS MUCH DETAIL AS POSSIBLE, THE EXACT NATURE OF YOUR COMPLAINT(S) INCLUDING DATE(S) OF OCCURRENCE(S).**

COMPLAINT(S) INCLUDING DATE(S) OF OCCURRENCE(S).  
Use as many additional sheets as necessary. Number each additional sheet and sign each one at the bottom.

**HAVE YOU MADE THIS COMPLAINT TO ANY OTHER PERSON OR ORGANIZATION?**

Y  N

**IF SO, TO WHOM?** \_\_\_\_\_

**STATE NAME(S), ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ALL PERSON(S) WHO HAVE KNOWLEDGE OF YOUR COMPLAINT.**

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**DO YOU HAVE ANY REPORT(S) OR OTHER WRITTEN COMMUNICATION(S) DIRECTED TO YOU WITH RESPECT TO THE MATTERS COMPLAINED OF?**

Y  N

(If so, please attach copies of such material to this complaint form)

**PLEASE STATE ANY FURTHER INFORMATION REGARDING THIS COMPLAINT WHICH YOU WISH TO CONVEY TO THE COMMISSION.**

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**I HEREBY CONSENT TO THE RELEASE TO THE COMMISSION ON KIDNEY DISEASE, OR ITS DESIGNATED INVESTIGATORY BODY, OF MEDICAL REPORTS AND RECORDS RELATING TO THIS OCCURRENCE FROM ANY DIALYSIS FACILITY, RELATED INSTITUTION OR HEATLH PROFESSIONAL.**

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Date of Complaint

Signature of complainant

**I HEREBY ATTEST THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM COMPETENT TO MAKE THESE STATEMENTS.**

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Date of Complaint

Signature of complainant