

MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

Office (410) 764-4726; email: mdh.chiropractic@maryland.gov

COMPLAINT FORM

The Maryland State Board of Chiropractic Examiners (the “Board”) investigates complaints filed against licensed chiropractors (DCs) and registered chiropractic assistants (“CAs”) to determine if there is a violation of the Maryland Chiropractic Act.

Whenever a complaint involves the practice of chiropractic by someone *other* than a licensed chiropractor or registered CA, the Board may refer the matter to the appropriate law enforcement agency for possible criminal prosecution.

To assist in the processing of your complaint, include the names, addresses, and telephone numbers of all persons named in the complaint. If certain information is not known, please indicate on the form. All complaints are thoroughly reviewed and often referred for investigation.

Should the Board bring charges against a chiropractor or CA, advance notice must be given to the chiropractor or CA to allow time to respond to the complaint and prepare a defense. Therefore, in most cases there will be a time lapse between the filing of the complaint and scheduling a case resolution conference or hearing. You may be called to testify as a witness if a Board hearing is scheduled.

You will be notified in writing as to the outcome of your complaint. If there is more than one person filing this complaint, please use a separate form for each person.

The Board does not have jurisdiction over, and is unable to investigate complaints involving a fee dispute between you and the care provider.

Please contact a Board Investigator with any questions at (410) 764-5921.

MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS
4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
Office (410) 764-4726; Email: mdh.chiropractic@maryland.gov
www.health.maryland.gov/chiropractic

PLEASE TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK.

Please complete the following:

Name of Licensee/Registrant: _____

Address: _____

Phone: _____ Email Address: _____

Name of Complainant: _____

Address: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Age at time of treatment: _____

Were you a patient of this Chiropractor or CA? Yes No If so, please indicate the time period for which you were a patient. From: _____ to _____

Have you discussed your concerns with this Chiropractor or CA? If so, what was the outcome?

Date(s) of occurrence(s) complained about: _____

Describe, in narrative form, with as much detail as possible, the exact nature of your complaint against this Chiropractor or CA. You may attach a separate sheet and supporting documents if necessary.

Please list the names, addresses and telephone numbers of any witnesses to the occurrence(s) complained of, including any persons who were present at the time of the occurrence(s).

For what condition were/are you being treated?

Do you consent to the release to this Board or its designated investigating body, reports or records relating to this occurrence, and your medical history from any health care provider or hospital, including the Chiropractor complained of? Yes No If yes, please authorize by signature:

Signature authorizing release of records and reports

Date

If "No", why not?

If the complaint is made by a person, other than the patient, acting in an official or professional capacity, please furnish the following additional information. Also, please be sure to read, sign and date the last page of this complaint form.

Your name, official title or designation: _____

Address: _____

Phone Number: _____ Email Address: _____

Did you personally investigate the matters set forth in this complaint? Yes No

Do you have any reports or other written communications directed to you with respect to the matters of this complaint? Yes No **If so, please attach copies of these communications.**

I HEREBY CERTIFY AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature of Complainant

Print Name

Date