

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MARYLAND BOARD OF PHYSICIANS

4201 PATTERSON AVE. BALTIMORE, MD 21215

Phone (410)764-4777 FAX (410)358-1298 TDD FOR DISABLED
MD Relay Service
1-800-735-2258

COMPLAINT FORM

Please complete this form and return to:

Maryland Board of Physicians
INTAKE UNIT
4201 Patterson Avenue
Baltimore, MD 21215

If you have any questions, please call 410-764-2480 or 1-800-492-6836 ext.# 2480.

1. IDENTIFY THE TYPE OF HEALTH PROVIDER

- | | |
|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Psychiatrist's Assistant |
| <input type="checkbox"/> Radiographer | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Nuclear Medical Technologist | <input type="checkbox"/> Respiratory Care Practitioner |
| <input type="checkbox"/> Radiation Therapist | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Athletic Trainer |

2. IDENTIFY THE HEALTH PROVIDER

Full Name: _____
(Please Print)

Office Address: _____
(Street)

(City) (State) (Zip Code)

Office Telephone: _____ - _____ - _____

3. PATIENT NAME

Full Name: _____
(Please Print)

Home Address: _____
(Street)

(City) (State) (Zip code)

Home Telephone: _____ - _____ - _____

Patient's Date of Birth: _____ / _____ / _____

Office Telephone: _____ - _____ - _____

4. IDENTITY OF COMPLAINANT

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

Full Name: _____
(Please Print)

Home Address: _____
(City) (State) (Zip code)

Home Telephone: _____ - _____ - _____

Office Telephone: _____ - _____ - _____

5. **Date patient was treated:** _____ / _____ / _____

6. RELATIONSHIP OF COMPLAINANT TO PATIENT

_____ Patient _____ Spouse _____ Relative _____ No relation

7. WHAT, IF ANY, ARE YOUR PROFESSIONAL OR PERSONAL RELATIONSHIPS WITH THE HEALTH PROVIDER?

8. STATE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS WHO HAVE KNOWLEDGE OF YOUR COMPLAINT, INCLUDING ANY OTHER HEALTH PROVIDERS.

The Maryland Board of Physicians (MBP) supports the Americans with Disabilities Act and will provide this complaint packet in an alternative format to facilitate effective communication with sensory impaired individuals. (For example, Braille, large print, audio tape.) If you need such accommodation, please notify the MBP ADA designee, Ellen Douglas Smith, at 410-764-4777; Toll-free Number, 1-800-492-6836, or use the Maryland Relay Services TT/Voice number, 1-800-735-2258. If you have a complaint concerning the MBP's compliance with the ADA, please contact Ms. Smith.

15. RELEASE OF ADDITIONAL INFORMATION

I hereby consent to the release of any reports, responses, or any other material that the Maryland Board of Physicians deems necessary from any health care provider who provided treatment to me whether or not this health care provider is mentioned in any part of this complaint.

Date of Complaint

Signature of Complainant