

Maryland Board of Chiropractic Examiners

4201 Patterson Ave., Suite 301

Baltimore, MD 21215

www.dhmh.maryland.gov/chiropractic

COMPLAINT

Please type or print all information.

The Maryland Board of Chiropractic Examiners (the “Board”) investigates complaints filed against licensed chiropractors 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 CA, the information is certainly of interest to the Board and should be forwarded as soon as possible.

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.

Please contact a Board investigator with any questions at (410) 764-3677.

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?

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

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 of the last page of this complaint form.

Your official title or designation: _____

Did you personally investigate the matters set forth in this complaint?

Do you have any reports or other written communications directed to you with respect to the matters of this complaint? _____

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

Date