

Office of Professional Medical Conduct, New York State Department of Health

Complaint Form

Please print and complete and return to the Office of Professional Medical Conduct, 433 River St., Suite 303, Troy, NY, 12180-2299

(This form will not be sent electronically.)

-- See instructions --

All reports of misconduct are kept confidential and are protected from disclosure according to New York State Public Health Law, Sections 230(10)(a)(v) and 230(11)(a). Any person who reports or provides information to the Board for Professional Medical Conduct in good faith, and without malice, shall not be subject to an action for civil damages or other relief as the result of making the report according to Section 230(11)(b).

INFORMATION ABOUT YOU

Name _____
Address _____
City _____ State _____ Zip _____
Telephone Day (____) _____ Evening (____) _____

(If you do not have a daytime telephone number, please provide a number where a message can be left for you during the day).

PHYSICIAN OR PHYSICIAN ASSISTANT

Name _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____

COMPLAINT

Describe your complaint as completely as you can. Please sign and date the form.

Patient's Name _____
Date of Birth ____/____/____
Social Security Number _____ - _____ - _____

When did this happen? _____

Where did this happen? _____

Have you filed a complaint with anyone else? Yes _____ No _____

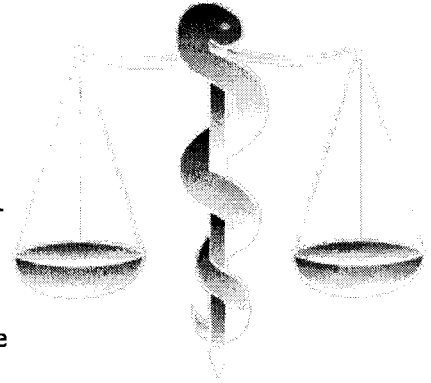
If yes, with whom? _____

Names of Witnesses _____

Instructions for Completing Complaint Form

Instructions for Completing Complaint Form

To file a complaint about the treatment you received from a physician (M.D., or D.O.) or physician assistant licensed to practice medicine by the State of New York, please complete this form and return it to the Office of Professional Medical Conduct, NYS Department of Health, 433 River Street, Suite 303, Troy, New York 12180-2299. Phone: (518) 402-0836 or 1-800-663-6114.



Trained staff will review the information you give. We will investigate all matters of possible professional misconduct. If your complaint requires the attention of another office, it will be sent to the agency authorized to address your concerns.

To help us review your complaint, please:

- Type or print clearly in ink.
- Describe your complaint as completely as you can.
- Include the names of any witnesses.
- Include the names of others with whom you filed a complaint.
- Attach additional pages, if needed.
- Attach copies of papers which may support your complaint, such as bills or correspondence. Do **not** send originals.
- Please sign and date the form.

Revised: October 2003