## VERMONT DEPARTMENT OF HEALTH BOARD OF MEDICAL PRACTICE 280 State Drive Waterbury, VT 05671-8320 (802) 657-4220

## **COMPLAINT FORM**

Please Print	
Your information: Last name I	First Name
Street address	
City, State, Zip code	
Business/Daytime phone	Cell/Home phone
Email	
This is a complaint against a: Physician (MD) Physician Assistant (PA) Podiatrist (DPM) Full name of Physician, Physician Assistant, or Podiat	trist:
Name of health care facility (if known)	
Address	
City, State, Zip code	
Business phone of Physician, Physician Assistant, or	Podiatrist
NATURE OF COMPLAINT: Please describe, in detail, professional. Use the space on the reverse side and	

Please turn over and complete other side

Continue your complaint here:

(attach additional pages if necessary)

Please attach copies of any materials you think will be helpful for reviewing your complaint, such as medical, pharmacy, or insurance records.

The Board needs two release forms from the patient or the patient's legally authorized representative in order to investigate the complaint:

- A. <u>Authorization for Release of Medical Records</u>: this form permits the Board to obtain and review medical records related to the complaint from the patient's healthcare provider(s).
- B. <u>Authorization to Disclose Protected Health Information</u>: this form permits the Board to disclose the Complaint Form, the information attached to it, and other related medical records to (1) the healthcare professional who is the subject of the complaint, and (2) the Vermont Attorney General's Office, which assists the Board in reviewing complaints and, when appropriate, pursues disciplinary action against healthcare professionals.

If this complaint results in formal disciplinary action against the healthcare professional, the name and other information about the patient and/or the person filing the complaint may become public.

The Board will send you a confirmation letter once it has received the Complaint and the required release forms. Please call (802) 657-4220 if you have any questions or concerns.

Your Signature

Today's Date

Mail this form to:

this form to: VERMONT DEPARTMENT OF HEALTH BOARD OF MEDICAL PRACTICE 280 State Drive Waterbury, VT 05671-8320 ahs.vdhmedicalboard@vermont.gov