



Arizona Board of Osteopathic Examiners In Medicine and Surgery

9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258-5572

Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

COMPLAINT FORM

Please Note: All complaints must be submitted in writing. Complaints cannot be accepted by phone.

The Arizona Board of Osteopathic Examiners in Medicine and Surgery has the statutory authority to regulate osteopathic physicians (D.O.) under Chapter 17 of Arizona Revised Statutes (A.R.S.). The Board's jurisdiction and authority are limited to violations of A.R.S. §32-1800 et seq.

If filling out by hand, please print in blue or black ink:

Your Name:	Your Daytime Phone:
Your Mailing Address, City, State, Zip:	Your Email Address:
Patient's Name:	Patient's Date of Birth:
Your relationship to patient:	Date(s) of Incident(s):

This complaint is being filed against:

Name of Doctor:
Doctor's Practice Name and Address/City/State:

1. Describe in detail what the doctor did (or did not do) that causes you to make this complaint. Use as many pages or additional sheets of paper as you need to describe what happened (who, what, when, where). If you have supporting documents, such as letter, billing statements, photographs, etc. attach COPIES of them to this complaint. You do not need to send medical records; the Board will obtain those from the doctor. **Please note that a copy of your complaint will be provided to the physician to obtain a response to the allegation(s).**
2. Please be advised, the Board's complaint files and records are confidential investigative materials, and by law, availability is restricted pursuant to Arizona Revised Statutes (A.R.S.) §32-1855.03(d).

Please continue your complaint in the box on the next page, and add as many pages as needed:

Signature _____ Date Signed _____

PLEASE EMAIL, FAX or MAIL USING THE CONTACT INFO IN LETTERHEAD AT TOP OF PAGE

If needed, please continue your complaint in the box below: