

**MARYLAND STATE BOARD OF ACUPUNCTURE
4201 PATTERSON AVENUE
BALTIMORE, MD 21215
(410) 764-4766
COMPLAINT FORM**

TO THE PERSON FILING THE COMPLAINT (COMPLAINANT)

- A. The Board of Acupuncture is charged with investigating complaints against licensed acupuncturists. If your complaint is against a health professional other than an acupuncturist, please contact the Office of the Facilitator for Boards and Commissions at (410) 764-4700 for the proper Board or addressee.
- B. The Board will not consider a complaint unless it is signed and dated by the person filing the complaint. All blanks should be filled in as completely as possible. Where the information requested is not known, the complainant should so state. Please type or print legibly when completing this form.
- C. In order to expedite the processing of your complaint, please write the correct names, address and telephone numbers, both home and business, of all persons named in the complaint, including that of the complainant, the acupuncturist and all others.
- D. The Board will review the complaint and will determine whether further investigation is warranted. If the complaint is referred for investigation, the investigation may take ninety days and in some cases, more. Thereafter the Board reviews the report, after which it may conduct such further investigations as it deems necessary. If the Board determines to bring charges against the acupuncturist and to hold a hearing, the hearing must be held in turn and sufficient advance notice given to the acupuncturist concerned to enable him/her to prepare a defense. Therefore, in most cases, there is considerable time lapse between the filing of the complaint and the hearing thereon, if one is held. In all cases, the Board will advise the complainant of the action taken when a final determination has been made.
- E. **PLEASE NOTE:** The Board does not have the authority to handle or resolve complaints concerning fee disputes, refunds or other similar economic issues where there does not appear to be a claim of fraud or misrepresentation. The Board refers such complaints to the Health Education and Advocacy Unit in the Consumer Protection Division of the Attorney General's Office. The Board will notify you if this referral is made.

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(PLEASE TYPE OR PRINT CLEARLY)

IF THERE IS MORE THAN ONE COMPLAINANT, PLEASE USE A SEPARATE FORM FOR EACH ONE.

FULL NAME OF COMPLAINANT:

HOME ADDRESS:

(Street) (City) (State) (Zip)

TELEPHONE NUMBER: _____
(Home) (Work)

DATE OF BIRTH: _____ SOC. SEC. # _____

NAME AND ADDRESS OF ACUPUNCTURIST ABOUT WHOM YOU ARE MAKING THE COMPLAINT:

(Name) (Street) (City) (State) (Zip)

TELEPHONE NUMBER OF ACUPUNCTURIST: _____

Were you a patient of this acupuncturist? _____

If so, during what period of time? _____

Have you discussed your complaint with the acupuncturist about whom you are making the complaint? _____

What was the outcome?

PLEASE DESCRIBE, IN DETAIL, THE NATURE OF YOUR COMPLAINT AND EXACTLY WHAT HAPPENED. TRY TO INCLUDE DATES, PLACES, AND TIMES IN YOUR DESCRIPTION. (USE ADDITIONAL PAGES AS NECESSARY)

Did you enter into a contract? _____ Yes _____ No

If yes, was the contract oral written. _____

With whom did you enter the contract? _____

Give name and address of individual or company: _____

Date of contract _____

Amount of contract _____

Did you pay for the services? ___ Yes ___ No.

If yes, give amount \$ _____.

State the names, addresses, and telephone numbers of all persons who witnessed or who have other knowledge of your complaint or the occurrence.

1. _____
(Name) (Telephone Number)

(Address) (City) (State) (Zip)

2. _____
(Name) (Telephone Number)

(Address) (City) (State) (Zip)

3. _____
(Name) (Telephone Number)

(Address) (City) (State) (Zip)

4. _____
(Name) (Telephone Number)

(Address) (City) (State) (Zip)

Have you made this complaint to any other person or organization?

If so, to whom? _____

For what condition were you being treated by this acupuncturist?

Do you consent to the release to this Board or its designated investigating body, of medical reports and records relating to you and to this occurrence from any hospital, related institution or health professional, including the acupuncturist about whom you are making the complaint?

___ Yes ___ No

IF THE COMPLAINT IS MADE BY A PERSON OTHER THAN A PATIENT ACTING IN AN OFFICIAL OR PROFESSIONAL CAPACITY, PLEASE FURNISH THE FOLLOWING INFORMATION:

Your official title or designation _____

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

If not, or if others assisted you in the investigation, state the names and titles of the person or persons, if any, who investigated or assisted.

Do you have any reports or written communications directed to you with respect to the complaint?

(If so, please attach copies of such material to this complaint form.)

Please state any further information regarding this complaint which you wish to convey to the Board.

I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Complainant

Date