ARIZONA MEDICAL BOARD Complaint Form

The Arizona Medical Board's Authority: The Arizona Medical Board (Board) has the statutory authority to regulate allopathic physicians (M.D.) under the Arizona Medical Practice Act. The Board's jurisdiction and authority are limited to violations of the Arizona Medical Practice Act only. A.R.S. § 32-1401 et seq.

• If you wish to file a complaint against a health care facility or provider, **other than** an M.D., please see the **attached list of allied health professionals and licensing agencies**.

If you wish to file a complaint against an M.D., please complete the information below:

Person filing the	complaint:				
Name:					
Mailing Address	s:				
City:		State:	Zip C	Code:	
Telephone Numb	ber where you wis	sh to be contacted	l during business hou	ırs:	
				e email, please notify us.)	
Patient:					
Name of Patient	:				
Patient's Date of	Birth:	(Option	nal, but assists us in o	obtaining medical records)	
This complaint i	s being filed again	nst:			
Full Name of M.	.D.:				
Office Address:	(Street Address)				
	(City)		(State)	(Zip Code)	
Date(s) of Incide	ent:				

Summary of allegation(s), (who, what, when, where):

•	Please print clearly, as ou your writing.	ir review of your complaint will t	be delayed if we cannot read			
•	 Please note, if an investigation is opened, an investigator will contact you regarding your complaint and obtain additional information if necessary. 					
	(Signature of Person Filing					
	(Date)					
Please	fax your complaint to (480) 551-2702 or mail it to the follo	wing address:			
		Arizona Medical Board				
	C	Attn: Intake				

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.) §32-1451.01.

Scottsdale, AZ 85258

Please note that a copy of your complaint will be provided to the physician to obtain a response to the allegation(s).