

**ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS**  
**Complaint Form Instruction Sheet**

The Board's Authority: The complainant should be aware of the Board's statutory authority, which is to regulate physician assistants (P.A.'s) under the Arizona Revised Statutes. The Board does not want to discourage the filing of a valid complaint, however, as an administration agency, the Board's jurisdiction and authority are limited. Only violations of the statutes fall under the Board's jurisdiction and may result in disciplinary action against a physician assistant.

This complaint form may only be used to file a complaint against a physician assistant (P.A.). If you wish to file a complaint against a health care provider other than a P.A., please see the attached list of Allied Health Professionals; find the type of health care provider you wish to file a complaint about; and, contact the corresponding licensing agency.

1. Complete the enclosed complaint and treatment information forms.
2. Provide the full name of the physician assistant (P.A.) that you wish to file a complaint against.
3. Complete a detailed narrative statement outlining your complaint in chronological order.
4. Provide the names of all other health care providers who have evaluated or treated the patient for the same medical condition, either before or after the subject physician assistant, including physicians, hospitals and emergency rooms, urgent care centers and radiology (x-ray) facilities. Please provide the dates of treatment for each health care provider.
5. Provide the full name, address and daytime telephone number of any witnesses that can provide evidence to support your complaint, as well as, a brief statement about what evidence the witness is able to provide.
6. Provide a copy of any supporting documents you have in your possession pertaining to your specific complaint, i.e., explanation of Medicare Benefits (EOMB) or other insurance payments, billings, correspondence, etc. Please do not provide the Board with your original documents.
7. Please fax your complaint to (480) 551-2702 or mail it to the following address:

Arizona Regulatory Board of Physician  
Assistants Attn: Investigations  
1740 W. Adams St., Suite 4000, Phoenix, AZ 85007

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.) § 32-2552(C).

**ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS**  
**TREATMENT INFORMATION**

(Please Print or Type)

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Patient's Primary Care Physician: \_\_\_\_\_

Who referred the patient to the subject physician assistant? \_\_\_\_\_

The patient has been evaluated or treated by the following additional health care providers:

	<u>Name of Provider</u>	<u>Dates of Service</u>
<u>Physicians and Physician Assistants</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____
 <u>Hospitals and Emergency Rooms</u>	_____	_____
	_____	_____
	_____	_____
 <u>X-rays:</u>	_____	_____
	_____	_____
 <u>Other Providers:</u>	_____	_____
	_____	_____
	_____	_____

Do you have x-rays related to your complaint in your possession? Yes  No

If so, where were the x-rays taken? \_\_\_\_\_

**ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS**  
**Consumer Complaint Form**

(Please Print or Type)

**Person Filing Complaint**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City:

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number where you wish to be contacted during business hours: \_\_\_\_\_

Email Address \_\_\_\_\_ (If you change email, please notify us)

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**Patient Information**

Name of Patient: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ (Assists us in obtaining medical records) Complainant's

Relationship to Patient: \_\_\_\_\_

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**This complaint is being filed against:**

Full Name of P.A.: \_\_\_\_\_

Office Address: \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip Code)

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
(Date)

**ATTACH YOUR ORIGINAL COMPLAINT LETTER TO THIS FORM.**

The Board may take disciplinary or non-disciplinary action, including reimbursement, pursuant to A.R.S. § 32-3225. Reimbursement may be requested on the complaint form submitted to the Board. Please note, a request for reimbursement does not guarantee that reimbursement will be provided upon adjudication of the case.