

COMPLAINT FORM

Oregon Medical Board

This form may be used to file a complaint with the Oregon Medical Board regarding care provided by the following medical practitioners: Medical Doctors, Doctors of Osteopathic Medicine, Podiatrists, Physician Assistants, and Acupuncturists. *A complaint may also be filed without using this form by submitting a detailed written letter to the Board summarizing your complaint.*

If you chose to use this Complaint Form, please complete the following information. Please attach any photocopies of documents, including medical records if available, that are pertinent to your complaint. State in detail all facts which you believe justify your complaint.

1) Name of Complainant (Your Name):

First: _____ Middle _____ Last: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of birth _____ Relationship to Patient: _____
Home Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____

2) Name of Patient (if not complainant above):

First: _____ Middle _____ Last: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of birth _____ Phone: _____

3) Complaint Against:

Medical Doctor Doctor of Osteopathic Medicine Podiatrist Physician Assistant Acupuncturist

Provider Name: First: _____ Middle _____ Last: _____
Address: _____ City: _____ State: _____ Zip: _____
License number (if known): _____ Email Address: _____
Home Phone: _____ Cell Phone: _____ Fax: _____

4) Specific Information about your Complaint:

a. Please check all boxes that apply regarding the nature of your complaint:

- Substandard Care (e.g. Misdiagnosis, negligent treatment, delay in treatment, etc.)
- Prescribing Issues (e.g. excessive/under prescribing, internet, etc.)
- Sexual Misconduct/Boundary Violations (e.g. sexual contact, inappropriate touching, remarks, etc.)
- Unprofessional Conduct (e.g. breach of confidentiality, record alteration, fraud, misleading advertising, arrest or conviction)
- Office Practice (e.g. failure to provide medical records to patient, patient abandonment, etc.)
- Physician/provider impairment (e.g. drug, alcohol, mental, physical)
- Unlicensed provider or aiding/abetting unlicensed practice
- Other: _____

