



State of Arizona Board of Chiropractic Examiners

5060 North 19th Avenue Suite 416 • Phoenix, Arizona 85015
Voice: (602) 864.5088 FAX (602) 864.5099
TTY (800) 367-8939 (AZ Relay Service)

Janice K. Brewer
Governor

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Chairperson

S. Steven Baker, D.C.
Vice-Chairperson

Susan Wenberg, D.C.
Member

Evelyn Gittinger
Member

Francisco Heredia
Member

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Patrice A. Pritzl
Executive Director

Re: Complaint Form

To Whom It May Concern

Please find attached the complaint form you requested. Provide your name, address, daytime telephone number and the best time to contact you. Include the name and address of the chiropractor. When writing your narrative, please include dates of treatment and an explanation of what you feel the chiropractor did wrong. The information requested is essential in providing a thorough investigation into your allegations. Failure to provide needed information may result in the return of your complaint form or dismissal of an opened complaint. Please include as many pages of comments and supporting documents as you feel are necessary.

Although the Board accepts anonymous complaints, state law requires that you provide your name. State law has provisions to keep your name confidential from the general public, but at times the Board may be compelled to release your name to the doctor involved in your complaint.

When we receive your complaint, we will open a file and send a copy of your complaint to the chiropractor with instructions to respond in writing. Upon receipt of the chiropractor's written response, a copy of that response will be sent to you for your review and at that time, you may provide additional comments to the Board. Your complaint will be placed on a future agenda and the Board members will review your complaint and determine what action, if any, is necessary. You will be notified of the Board's meeting date, time, location, and you are welcome to attend. Prior to the Board's decision, you will be given the opportunity to discuss the complaint with the Board.

If you are a disabled person and will need special accommodations to attend the meeting, please contact the Board at 602.864.5088.

Sincerely,

BOARD OF CHIROPRACTIC EXAMINERS
OF THE STATE OF ARIZONA

CHARLES BROWN
Deputy Director

Enclosure: Complaint form
Complaint Information Pamphlet

BOARD USE ONLY

Control Number:

Date Received:

Board Action:

Board Date:

Complaint Form

Name:
Address:
City, State, and Zip Code:
Home Telephone #:
Work Telephone #:
Work Hours:
Doctor's Name:
Doctor's Address:

Please attach your written complaint, to this form and return to: State of Arizona Board of Chiropractic Examiners, 5060 N. 19th Ave., suite 416, Phoenix, AZ 85015. If you have any questions, please contact us at (602) 864.5088.

I hereby request the Board of Chiropractic Examiners investigate my complaint against the above named Doctor of Chiropractic. I agree to testify under oath to the information given in this complaint, should the Board request of me to do so.

Signature

Date

State of Arizona Board of Chiropractic Examiners

Complaint Form

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Describe specifically and in detail your complaint against the Doctor of Chiropractic. You may use your own form or this form to provide the details, but you must answer all of the questions listed below. In addition, provide copies of any documents, billing statements, and/or advertisements you believe would support your complaint.

What allegation(s) do you have against the doctor?

When and where did the above event(s) occur?

How do you feel the allegations against the doctor violate the Arizona Chiropractic Act?

Why do you feel the doctor acted in the alleged manner?
