

ALABAMA BOARD OF MEDICAL EXAMINERS INFORMATION FOR COMPLAINANTS

Overview of Responsibilities

The Alabama Board of Medical Examiners has jurisdiction over investigation of complaints which are placed against medical doctors or doctors of osteopathy. It does **not** have jurisdiction over other health professionals such as podiatrists, dentists or registered nurses. Neither does it have jurisdiction over hospitals, nursing homes, surgical centers or other health care facilities.

Should your complaint be against some health care professional or entity other than a physician, your complaint should be directed to the appropriate regulatory agency.

The Board of Medical Examiners is responsible for receiving and investigating complaints placed against medical doctors or doctors of osteopathy and has authority to conduct investigations, enforce regulations and impose sanctions when a violation of law or regulation has occurred.

The Board has **no jurisdiction** over actions concerning fees.

The Handling of Complaints

The Board of Medical Examiners receives complaints placed against medical doctors or doctors of osteopathy and will determine if the complaint falls within its jurisdiction. If the complaint is within the Board's jurisdiction, an investigation will be conducted.

The complainant is notified of the Board's decision on each complaint. You should note, however, that the proper conduct of an investigation can be a time-consuming process, and it may be several months before the investigation is completed and a decision is reached.

If a violation of the law or of regulation has occurred, the Board may give the physician an opportunity to come into compliance with the law or regulation, or the Board may determine that other action is necessary. If there is no violation of law or of regulation, the file on the complaint is closed.

If the investigation should result in a formal hearing, the Board may subpoena persons to testify at that hearing if it is believed that their testimony is essential to the case.

Filing a Complaint

To initiate an investigation, complaints must be submitted on the Board's Memorandum of Complaint form, which must in turn be provided to the physician for response. It is important that you complete the form and include as much fact as is available, including such things as the date(s) of the alleged action, the physician's full name and address, the exact nature of the complaint, the names of other individuals who might be involved and their relationship to the complaint, as well as any other information which will assist in the investigation. It is also

necessary for you to provide the date of birth and social security number of the patient involved in the complaint. If you are not the patient, it will be necessary for you to obtain that information and include it in the space provided on the form. This information will be vital to us in identifying and obtaining the proper patient charts from hospitals and clinics. Included with these forms is an authorization and release which you need to sign and return with the complaint. This will help expedite the release of those records that are pertinent to your complaint. Please note that if you include any documentation other than the complaint form (medical records, letters, etc.), you should send **photocopies**, since all materials received in connection with a complaint become the property of the Board and cannot be returned.

The Board will acknowledge receipt of your complaint, may contact you for additional information, and will notify you of the Board's decision concerning the complaint.

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
 848 Washington Avenue (36104)
 P.O. Box 946, Montgomery, AL 36101-0946
 (334) 242-4116

PERSONAL & CONFIDENTIAL
MEMORANDUM OF COMPLAINT

COMPLAINANT

Name (First, Middle, Last)		Home Phone #
Complainant's Date of Birth (If Complainant is the Patient)		Complainant's Social Security # (If Complainant is the Patient)
Home Address: Street	City	State Zip
Email Address	Cell Phone #	Work Phone #

Patient

Name (First, Middle, Last)		Home Phone #
Home Address: Street		City State Zip
Patient's Date of Birth		Patient's Social Security #
Email Address	Cell Phone #	Work Phone #

Relationship to Patient

<input type="checkbox"/> Patient <input type="checkbox"/> Family Member <i>Specify:</i>	
<input type="checkbox"/> Friend <input type="checkbox"/> Other <i>Specify:</i>	

MD, DO, or PA that this Complaint Concerns

Name (First, Middle, Last)		Profession: (MD, DO, PA, ect.)
Business Name (If Applicable)		License Number, if known
Email Address		Work Phone #
Work Address: Street	City	State Zip

MD, DO, or PA that this Complaint Concerns

Name (First, Middle, Last)	Profession: (MD, DO, PA, ect.)
Business Name (If Applicable)	License Number, if known
Email Address	Work Phone #
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Name (First, Middle, Last)	Profession: (MD, DO, PA, ect.)
Business Name (If Applicable)	License Number, if known
Email Address	Work Phone #
Work Address: Street	City State Zip

Specific complaint information

Dates that the provider in question cared for the patient:

Have you/patient contacted the provider about this complaint? () Yes () No

If Yes, what action was taken?

Did other provider(s) treat the patient after the alleged incident? () Yes () No

If Yes, please specify names and address of other provider(s):

Have you/patient been treated at any hospitals or urgent care facilities related to this complaint? () Yes () No

If Yes, where?

What action was or is being taken?

**State exactly what the provider(s) has done or has not done which causes you to make this report.
Include as much detail as you have and include *photocopies* of any supporting documents.**

**Do no write below this line
ATTACH ADDITIONAL PAGES IF NECESSARY**

