

**STATE OF NEVADA
BOARD OF HOMEOPATHIC MEDICAL EXAMINERS**

COMPLAINT

PLEASE PRINT OR TYPE

1. Name of Physician whom the complaint is against: _____

Physician s 'Address: _____

Physician s Phone Number(s): _____

Your name: _____ Patient s Name: _____

Your Address: _____

Your Phone Number(s): _____

2. Nature of complaint: (Please be specific and brief. Provide any documentation which would support your claim. Use additional sheets if necessary.)

3. Did you obtain a second opinion from another physician?

Yes _____

No _____

If yes, please provide a copy of second opinion and the name and address of the doctor.

4. How would you like to see this matter resolved? _____

Please see the attachment explaining the basis for this complaint

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any physician, dentist, hospital, pharmacy, insurance company, claims administrator, employer or organization to release any information regarding the medical or dental history, treatment or benefits for myself or my dependents for the purposes of reviewing treatments, validating and determining what action is to be taken on this complaint. I understand that my medical records and my complaint may be reviewed by the Board of Homeopathic Medical Examiners (Board), its staff, investigators, attorneys, and the person against whom this complaint has been filed. I hereby authorize the Board to release any and all information pertaining to the complaint filed, to the person/persons to whom this complaint was filed against for a response.

I accept the risk of any adverse public notice, embarrassment, criticism, and/ or invasion of privacy as a result of the Board considering the Complaint. I also agree to hold the Board, its staff, investigators and attorneys harmless from any liability whatsoever during the entire process of considering the complaint, i.e., I will not sue the entities and persons just mentioned.

Dated this _____ day of _____, 200 ____.

Complainant's Signature
(Parent or Guardian if Complainant is a Minor)

STATE OF _____)
) ss
COUNTY OF _____)

_____, being first duly sworn, upon oath, under penalty of perjury deposes and says: That I am the Complainant above-named, that I have read the foregoing Complaint and know the contents thereof; that the same is true of my own knowledge except as to those matters therein stated to be upon information and belief, and as to those matters I believe it to be true. I have read and understand the attached Authorization to Release Information.

Dated this _____ day of _____, 200 ____.

Complainant

SIGNED AND SWORN before me
this ____ day of _____, 200 ____.
by _____

NOTARY PUBLIC

