

Figure: 22 TAC §75.9(a)



TEXAS BOARD OF CHIROPRACTIC EXAMINERS

Enforcement Division

COMPLAINT FORM

333 Guadalupe, Ste 3-825
Austin, TX 78701

(512) 305-6700 phone
(512) 305-6705 fax

Notice: Except for the name of the chiropractor or facility, all information requested is voluntary, but failure to provide the requested information may delay or prevent the investigation of your complaint. As much information as possible should be provided in connection with the complaint. The information on this form will be used in part to determine whether a violation of the Chiropractic Act or Board rules has occurred.

PERSON MAKING COMPLAINT	FULL NAME			HOME PHONE
	BUSINESS NAME (IF APPLICABLE)			WORK PHONE
	STREET ADDRESS			FAX NUMBER
	CITY	STATE	ZIP	EMAIL

CHIROPRACTOR OR FACILITY COMPLAINT IS ABOUT	FULL NAME (CHIROPRACTOR OR OWNER OF FACILITY)			LICENSE NUMBER (IF KNOWN)
	FACILITY NAME			WORK PHONE
	STREET ADDRESS			
	CITY	STATE	ZIP	

NATURE OF COMPLAINT (check all that apply)	<input type="checkbox"/> Quality of Care <input type="checkbox"/> Records Release <input type="checkbox"/> Practicing Beyond Scope <input type="checkbox"/> Insurance Fraud <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Unsure <input type="checkbox"/> Excessive Treatment or Charges <input type="checkbox"/> Billing for Services not Rendered <input type="checkbox"/> Other _____ <input type="checkbox"/> Unprofessional Conduct <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Misdiagnosis <input type="checkbox"/> Impairment/Medical Condition <input type="checkbox"/> Poor Record Keeping <input type="checkbox"/> Advertising <input type="checkbox"/> Solicitation of Patients <input type="checkbox"/> Billing Practices <input type="checkbox"/> Unsanitary Conditions <input type="checkbox"/> Unlicensed Practice		
	_____ _____ _____ _____		

WITNESS INFORMATION	WITNESS, IF ANY		WITNESS, IF ANY		
	WITNESS NAME	PHONE NO.	WITNESS NAME	PHONE NO.	
	ADDRESS		ADDRESS		
	CITY	ST	ZIP	CITY	ST
If needed, is this witness willing to support your complaint by testifying at a hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			If needed, is this witness willing to support your complaint by testifying at a hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

