Figure: 22 TAC §75.9(a)



TEXAS BOARD OF CHIROPRACTIC EXAMINERS Enforcement Division

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.

ueteiiiiiii	determine whether a violation of the Chiropractic Act of Board rules has occurred.							
(D	FULL NAME			HOME PHONE				
PERSON MAKING COMPLAINT	BUSINESS NAME (IF APPLICABLE)	WORK PHONE						
ERSON	STREET ADDRESS			FAX NUMBER				
Ъ	CITY	STATE	ZIP	EMAIL				
OR VT IS	FULL NAME (CHIROPRACTOR OR OWN	LICENSE NUMBER (IF KNOWN)						
ACTOR OR OMPLAINT IS OUT	FACILITY NAME	WORK PHONE						
CHIROPRAC FACILITY COM ABOU	STREET ADDRESS							
FACI	CITY	STATE	ZIP					
NATURE OF COMPLAINT (check all that apply)	 ✓ Quality of Care ✓ Insurance Fraud ✓ Excessive Treatment or Charges ✓ Unprofessional Conduct ✓ Misdiagnosis ✓ Poor Record Keeping ✓ Solicitation of Patients ✓ Unsanitary Conditions 	 ✓ Records Release ✓ Substance Abuse ✓ Billing for Services n ✓ Sexual Misconduct ✓ Impairment/Medical 0 ✓ Advertising ✓ Billing Practices ✓ Unlicensed Practice 	ot Rendered	∠ Practicing Beyond Scope ∠ Unsure ∠ Other				

	WITNESS, IF ANY			WITNESS, IF ANY		
N	WITNESS NAME	Ī	PHONE NO.	WITNESS NAME	PHONE NO,	
TNESS	ADDRESS			ADDRESS		
MINFO	CITY	ST	ZIP	CITY	ST ZIP	
				If needed, is this witness willing to support your complaint by testifying at a hearing? YES NO UNKNOWN		

IF AN ATTORNEY IS INVOLVED, CON SECTION	IPLETE THIS	IF SECOND OPINION RECEIVED, COMPLETE THIS SECTION		
ATTORNEY NAME	PHONE NO.	PRACTITIONER NAME	PHONE NO,	
ADDRESS		ADDRESS		
CITY ST	ZIP	CITY	ST ZIP	
HAVE YOU CONTACTED THE CHIROPRACTOR OR FACILITY CONCERNING YOUR COMPLAINT? Z YES Z NO		HAVE YOU COMPLAINED TO ANY OTHER ORGANIZATION? ∠ YES ∠ NO		
WHEN:		WHO:		
HOW:		WHEN: HOW:	≤ Letter	
DID CHIROPRACTOR OR FACILITY F	RESPOND?	DID ORGANIZATION RESPOND	D?	
Action taken		Action taken		

	STATE YOUR COMPLAINT	PLEASE WRITE LEGIBLY. USE A SEPARATE COMPLAINT FORM FOR EACH INDIVIDUAL PRACTITIONER. PROVIDE CLEAR AND CONCISE INFORMATION SUCH AS: THE SEQUENCE OF EVENTS SURROUNDING YOUR COMPLAINT, DATES OF TREATMENTS OR INCIDENTS, AND <u>COPIES</u> (DOCUMENTS WILL NOT BE RETURNED) OF ALL RELEVANT DOCUMENTS REGARDING YOUR COMPLAINT (LETTERS, CORRESPONDENCE, WITNESS STATEMENTS, CONTRACTS, POLICE REPORTS, BILLS, OR PHOTOGRAPHS). IF MORE SPACE IS NEEDED, PLEASE USE ADDITIONAL PAPER.
AIN		
MPL		
DETAILS OF COMPLAINT		
S 0		
TAII		
DE		

-			
PLEASE RETURN TO: Texas Board of Chiropractic Examiners 333 Guadalupe, Ste 3-825 Austin, TX 78701 (512) 305-6705 fax	I ATTEST THAT ALL STATEMENTRUE TO THE BEST OF MY KNO I ACKNOWLEDGE THAT THE PROVIDE A COPY OF THIS FORMADE. I AGREE TO TESTIFY IN ANY COMPLAINT. I UNDERSTAND THAT THE TEX REPRESENT CITIZENS SEEKING REMEDIES OR HAVE JURISDICT	WLEDGE AND BELIEF. TEXAS BOARD OF CHIROI RM TO THE PERSON AGAINST HEARINGS THAT MAY ARIS XAS BOARD OF CHIROPRACT G THE RETURN OF THEIR MO	PRACTIC EXAMINERS MAY WHOM THE COMPLAINT IS SE AS A RESULT OF THIS TIC EXAMINERS DOES NOT NEY OR OTHER PERSONAL
	SIGNATURE		DATE
Please sign the release below	/. Failure to sign the release may	result in a delay of the investig	ation of your complaint.
	RELEASE OF INFORMATI	ON AUTHORIZATION	
(past and present), laborate agencies to release to the Te	, including, but not limited to, hospries, attorneys, insurance compa xas Board of Chiropractic Examir ng documents, reports, records, fi	anies, government agencies, ners, its representatives, agent	or other public or private s or employees any and all
PATIENT NAME:		DATE OF BIRTH:	
SIGNATURE OF PATIENT (P	arent or, legal guardian, if applical	ole):	
		DATE:	

If filled out by someone other than complaintant, please provide the name and contact information of the person (s) who assisted in filling out this form. Name/Contact information_____