

Complaint Checklist

The following checklist is designed to help complainants with collecting the necessary materials needed during the NCMB complaint filing process.

Status	Item	Notes
<input type="checkbox"/>	Contact information for person filing complaint	Your full name, address, daytime telephone number, and your email address
<input type="checkbox"/>	Patient Contact information	Patient name, their date of birth, and the relationship to the patient
<input type="checkbox"/>	Practitioner/Respondent Information	<ul style="list-style-type: none"> • Practitioner’s full name • their license type (MD, DO, PA, LP, AA, or **NP) • their primary area of practice (i.e., Cardiology, Neurology, etc.) • their specialty (i.e., Congenital heart specialist, Epilepsy) • their phone number
<input type="checkbox"/>	Incident information	<p>Concise account of your major concern related to the licensee listed on your complaint form along with general event questions. Specific information needed includes:</p> <ul style="list-style-type: none"> • Date or timeframe of occurrence • Full name and address of practice or hospital where the event occurred
<input type="checkbox"/>	*Medical Records	Names, addresses, phone/fax numbers for any other health care provider, facility, clinic, or hospital you reference in the complaint

*If your complaint will reference multiple health care providers, facilities, clinics, or hospitals where you (or the patient) received medical care related to the complaint, you **MUST** provide the names, addresses and date(s) of services of **EACH** facility and/or doctor or PA that treated you.

**If you have a complaint about only a Nurse Practitioner, please contact the North Carolina Board of Nursing at 919-782-3211. Website: www.ncbon.com.