

North Carolina Medical Board
PO Box 20007
Raleigh, NC 27619



Complaint Form Instruction Sheet

- The Board licenses and regulates **physicians and physician assistants (PA)**.
- Complaints filed against **non-licensees** (practices, general medical staff, chiropractors, optometrists, nurses, dentists, podiatrists, etc.) nursing homes or hospitals **will be returned** to you with the appropriate referral address.
- If possible, the complaint should be filed by the **patient** or the patient's legal representative **unless** being submitted by another health care professional.
- A copy of your complaint **will be provided to the Physician or PA** identified in your complaint for a review and response to the Board.
- Enter the information requested in each section of the complaint form. A separate form is **required** for **each** Physician or PA complaint. *You may make a copy of this form if additional forms are needed.*
- Remember to **make a copy of the information** you submit to the Board as any materials you provide to the Board will not be returned.
- Please do not use **STAPLES** when you return your complaint form; **use paper clips only**.
- Please **review** the enclosed brochure "**A Consumer's Guide**" to understand what happens during the complaint review process.
- Generally, once a complaint is submitted to the Board it cannot be **withdrawn**.
- Please mail completed form and any attachments to the address listed above.

If you have **questions** regarding how to fill out or submit your complaint form you may contact the Complaint Department via email at: complaints@ncmedboard.org or phone at (919) 326-1109 or 1-800 253-9653, **ext. 501**.

North Carolina Medical Board
Attn: Complaint Department
PO Box 20007
Raleigh, NC 27619



Complaint Form

Your Information

Name: _____

Address: _____

Daytime Phone Number: _____

Other Phone Number: _____

Your Email Address: _____

Patient Information

Name: _____

Date of Birth: _____

Relationship to Patient: _____

Practitioner/Respondent Information

Name: _____

License Type (please check one): MD DO PA

Primary Practice: _____

Specialty: _____

Licensee's Phone Number: _____

Incident Information

Typically, you will not be contacted by the Board unless clarification or additional information is needed so, please provide a concise account of your major concern related to the Physician or PA listed on your complaint form. *If you do not have sufficient space, then you may attach a separate typed document.*

How did you hear about the NC Medical Board? _____

Narrative:

Is this an issue pertaining to obtaining medical records? Yes No

Have you submitted a medical record release form to your provider? Yes No

Is this an issue pertaining to obtaining a signature on a death certificate? Yes No

Is this complaint based on sexual misconduct by a medical provider? Yes No

When did this event occur? _____

Full name of practice or hospital where this event occurred: _____

Address: _____

Have you contacted the licensee about your concerns? Yes No

What was the licensee's response? _____

What would you consider to be a fair resolution to your complaint? (The Board cannot assist with compensation) _____
