



Department of Health
Three Capitol Hill
Providence, RI 02908-5097
TTY: 711
www.health.ri.gov

PLEASE NOTE: the following information applies to complaints regarding Board/Offices within the Division of Environmental Health Services Regulation

What is Unprofessional Conduct?

The Department of Health and/or the Boards are granted the authority to investigate and adjudicate complaints of "unprofessional conduct" on the part of any person licensed by the Department of Health. Unprofessional Conduct includes, but is not limited to issues related to standards of care of a given health profession, as well as issues regarding abuse/negligent, any willful misconduct in the practice of health care and/or any criminal misconduct on the part of the Health Care Professional. Examples of acts which constitute unprofessional conduct can be found in Rhode Island General Laws specific to each profession.

How is a Complained Filed with the Complaint Unit/Board?

If you believe that any licensed Health Care Professional has acted unprofessionally, you may submit a written complaint to the Complaint Unit. The Boards require that all complaints be in writing and signed (some Boards require a notarized signature). You may mail your letter and any supporting documents to the:

**Rhode Island Department of Health
Complaint Unit
Room 205
3 Capitol Hill
Providence RI 02908**

If you have any questions regarding the complaint process, the Complaint Unit may be contacted during regular business hours.

Please be assured that your confidential health care information will remain strictly confidential and will be used by the Complaint Unit and the Board(s) to adjudicate the allegation of unprofessional conduct only.



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Complaint Form Instructions:

1. If completed manually, **type or print** the requested information in black or ink.
2. Complete ALL questions.
3. Describe the complaint in a clear and concise manner.
4. Please enclose all supporting documentation such as records, letters, etc. with your complaint.
5. Please sign and date the forms.
6. Please note that it is required by law that **ALL complaints to the Board of Nursing must be signed and notarized.**
7. Submit the completed forms to:

**Rhode Island Department of Health
Complaint Unit
Room 205
3 Capitol Hill
Providence RI 02908**

State of Rhode Island and Providence Plantations
Department of Health



DIVISION OF ENVIRONMENTAL HEALTH SERVICES REGULATION
COMPLAINT FORM

Please fill in the Complaint Form completely, sign and date the form. Please be as clear and concise as possible. Type or print all information in black ink. Incomplete information may delay the investigation of your complaint.

Patient/Complainant Information

Name of Patient _____
Last First M Suffix

Date of Birth ____/____/____

Address _____

Phone Number (____) ____-____ Fax Number (____) ____-____

Email Address: _____

Complaint (If Different from Above):

Last First M Suffix

Address _____

Phone Number (____) ____-____ Fax Number (____) ____-____

Email Address: _____

Relationship to Patient _____

Health Care Provider Information

Name _____
Last First M Suffix

Address _____

Phone Number () _____ - _____

Type of License (MD – DO – RN etc.) _____

Facility _____

Address _____

Phone Number () _____ - _____

Managed Care Organization _____

Address _____

Phone Number () _____ - _____

Complaint Information

Please attach a brief (1-2 Page) summary of your complaint(s), then sign and date the Verification Statement below.

Verification Statement

I hereby verify that the attached statements in this complaint are true and accurate to the best of my knowledge and recollection and do affirm that this complaint is filed in good faith.

Complainant Signature

Date of Signature

Please enclose all copies of any pertinent information/documentation related to your complaint. Mail the completed Complaint form, Summary of Complaint, signed Release of Information Form and signed Verification Statement along with any other documentation to:

**Complaint Unit
Division of Environmental Health Services Regulation
Rhode Island Department of Health
3 Capitol Hill
Providence RI 02908-5097**