

VERMONT DEPARTMENT OF HEALTH
BOARD OF MEDICAL PRACTICE
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
(802) 657-4220

COMPLAINT FORM

Please Print

Your information:

Last name _____ First Name _____

Street address _____

City, State, Zip code _____

Business/Daytime phone _____ Cell/Home phone _____

Email _____

This is a complaint against a:

Physician (MD) _____

Physician Assistant (PA) _____

Podiatrist (DPM) _____

Full name of Physician, Physician Assistant, or Podiatrist:

Name of health care facility (if known) _____

Address _____

City, State, Zip code _____

Business phone of Physician, Physician Assistant, or Podiatrist _____

NATURE OF COMPLAINT: Please describe, in detail, the nature of your complaint against this professional. Use the space on the reverse side and additional sheets, if necessary.

Please turn over and complete other side

