COMMONWEALTH OF VIRGINIA

Enforcement Division

Department of Health Professions **www.dhp.virginia.gov** **Phone (804) 367-4691**
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Henrico, Virginia 23233-1463 **Fax (804) 527-4424**

Office Use Only Case Number	
Date Received/PR	

COMPLAINT FORM

PERSON SUPPLYING INFORMATION

NOTE: The Department of Health Professions cannot guarantee anonymity. Information regarding your report, including information provided by you, may be shared with the subject of the report (practitioner or licensee). If you wish to submit an anonymous report, do not include any information on the complaint form, envelope, email address, body of email or supplemental documents that reveals your identity.

FIRST NAME	MIDDLE INITIAL	LAST NAME	HOME PHONE
BUSINESS NAME (*IF APPLICABLE*)			WORK PHONE
STREET ADDRESS			FAX NUMBER
CITY/COUNTY	STATE	ZIP	EMAIL ADDRESS

SUBJECT OF REPORT (*PRACTITIONER*)

FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE/LICENSE TYPE
BUSINESS NAME (*IF APPLICABLE*)			LICENSE NUMBER
			WORK PHONE
STREET ADDRESS			HOME PHONE
CITY/COUNTY	STATE	ZIP	EMAIL ADDRESS

DETAILS OF REPORT

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PLEASE PROVIDE SPECIFIC INFORMATION WHEN COMPLETING THE DETAILS REQUESTED BELOW. FAILURE TO PROVIDE SPECIFIC INFORMATION WILL LIMIT THE DEPARTMENT'S ABILITY TO INVESTIGATE YOUR CONCERNS.

PROVIDE THE FULL NAME (FIRST/LAST), DATE OF BIRTH, AND CONTACT INFORMATION OF THE INDIVIDUAL (I.E. **PATIENT/CLIENT**) WHO RECEIVED SERVICES FROM THE PRACTITIONER.

WHAT IS YOUR RELATIONSHIP TO THE PRACTITIONER?

PATIENT/CLIENT ☐ PATIENT/CLIENT'S RELATIVE/FRIEND ☐ CO-WORKER ☐ SUPERVISOR ☐
OTHER (SPECIFY:)

WHAT DID THE PRACTITIONER DO OR FAIL TO DO? **INCLUDE SPECIFIC DETAILS: WHO, WHAT, WHERE, WHEN**. **ATTACH ADDITIONAL PAGES IF NECESSARY.**

CONTINUED DETAILS OF REPORT

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DID THE PATIENT/CLIENT SUSTAIN ANY INJURY OR HARM AS A RESULT OF THE LICENSEE'S ACTIONS? IF YES, PLEASE EXPLAIN.

HAVE YOU CONTACTED THE LICENSEE REGARDING YOUR CONCERNS? IF YES, WHEN, AND DESCRIBE THE LICENSEE'S RESPONSE.

IS YOUR CONCERN/ INCIDENT RELATED TO A FACILITY, PRIVATE OFFICE, HOME, ETC? PROVIDE SPECIFIC NAMES AND ADDRESSES OF EACH PLACE INVOLVED WITH THE CONCERN/INCIDENT.

WHO ELSE HAS KNOWLEDGE OF THESE EVENTS? PROVIDE FULL NAMES AND CONTACT INFORMATION.

HAS YOUR COMPLAINT BEEN REPORTED TO ANY OTHER AGENCY OR COURT? IF SO, WHEN? PROVIDE THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF THOSE CONTACTS.

I WISH TO COMPLAIN ABOUT THE INDIVIDUAL/BUSINESS NAMED ABOVE. I UNDERSTAND THAT A REGULATORY BOARD DOES NOT HAVE THE AUTHORITY TO REQUIRE A LICENSEE TO RETURN MONEY OR PROVIDE OTHER PERSONAL REMEDIES. I FURTHER UNDERSTAND THAT DECISIONS REGARDING DISCIPLINARY ACTION OF LICENSEES ARE AT THE DISCRETION OF THE DEPARTMENT. I HAVE READ THE ABOVE AND HEREBY AFFIRM THAT THE INFORMATION SUBMITTED IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE **DATE**