



WEST VIRGINIA BOARD OF MEDICINE

101 Dee Drive, Suite 103
Charleston, West Virginia 25311
(304) 558-2921, Extension 70008

Complaint Questionnaire

1. **Complaint Against:** _____
Address: _____

Telephone Number: _____
2. **Person Filing Complaint:** _____
Address: _____

Telephone Number: _____
3. **Date of treatment:** _____
4. **Have you filed a complaint elsewhere? Yes_____ No_____**
Where? _____

5. **Do you consent to the release of your medical records? Yes_____ No_____**
Please sign the Records Release Authorization and return it with your complaint form. Failure to sign and return the Records Release Authorization may result in a delay of the investigation of your complaint

PLEASE NOTE:

The West Virginia Board of Medicine licenses regulates the practice of medical doctors (MDs), podiatrists (DPMs), and physician assistants (PA-Cs) supervised by MDs in West Virginia. The Board can discipline a licensed MD, DPM or PA-C who violates the law or applicable Legislative Rule. The Board has no jurisdiction over business disputes, billing disputes, insurance coverage, personality conflicts, scheduling issues or employee/employer disputes. This complaint will be sent to the medical doctor, podiatrist or physician assistant for his or her response.

RECORDS RELEASE AUTHORIZATION

I hereby authorize and request you to release my records to:

WEST VIRGINIA BOARD OF MEDICINE
101 Dee Drive, Suite 103
Charleston, WV 25311
304-558-2921, Ext. 70008

The complete records in your possession for the period from:

_____ to _____

Name: _____ Date: _____

Address: _____

Signature: _____

Witness: _____

To: _____

(Doctor, Clinic or Hospital)

Address: _____

*Please complete separate Authorizations for each doctor, clinic or hospital which provided treatment relevant to your complaint.

West Virginia Board of Medicine SUMMARY OF COMPLAINT PROCESS

A patient or legal representative of a patient may file a complaint against a licensed medical doctor (M.D.), podiatrist (D.P.M.) or physician assistant (P.A.-C.) (who is supervised by a M.D. rather than by a D.O.) with the West Virginia Board of Medicine by completing the Board's form Complaint Questionnaire.

The Board's Complaint Questionnaire is available on the Board's website at www.wvbom.wv.gov under Forms.

Questions about the complaint form or process should be directed to the Board's Complaints Coordinator at (304) 558-2921, extension 70008, or by writing the West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, WV 25311.

Before completing the form, please confirm that the physician in question is licensed by the Board of Medicine. This can be done by searching under his/her name on the Board's website (under "Licensee Search") or by calling the Board.

Once a signed, dated and completed Complaint Questionnaire is received by the Board, a copy will be sent to the person against whom the complaint was filed for a response, which must be filed within 30 days. The response is then sent to the person who filed the Complaint Questionnaire for a final reply, which must be filed within 30 days. The Board strongly encourages those filing a complaint to file a final reply.

The Complaint Questionnaire, the response and the final reply are reviewed by the members of the Board's Complaint Committee at its next regularly scheduled meeting. The Committee meets in January, March, May, July, September and November of each year.

The Complaint Committee recommends to the entire Board what action should be taken, including closure if no violation is found, continuing education, or limitations on or revocation of the license to practice in West Virginia. When a final decision is reached, the person who filed the complaint is notified in writing. Until the final decision is made, all information is confidential. After the final decision, the Complaint Questionnaire becomes information which is available to the public.