



Office of Investigations and Enforcement

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4470 • Fax: 803-896-4656

MEDICAL PROFESSIONS COMPLAINT FORM

- | | | |
|-----------------------|----------------------|---------------------------------------|
| Chiropractic | Occupational Therapy | Podiatry |
| Counselors | Opticianry | Psychology |
| Dietetics | Optometry | Social Work |
| Long Term Health Care | Pharmacy | Speech Language Pathology & Audiology |
| Medical | Physical Therapy | Veterinary |
| Nursing | | |

COMPLAINANT INFORMATION (Individual filing complaint)

Name: _____

Address: _____
Street/PO Box City State Zip Code

Contact Phone: _____ Email: _____

Alt. Phone: _____ Fax: _____

What is the best way to reach you? (Phone, email, etc.) _____

RESPONDENT INFORMATION (Individual the complaint is filed against)

Name: _____ License: _____
If applicable or known

Business Name: _____ Phone: _____

Address: _____
Street/PO Box City State Zip Code

WITNESSES

Provide name(s), address(es) and contact number(s). Attach additional sheet if more space is needed.

Name Address Phone

Name Address Phone

Name Address Phone

INCIDENT DETAILS

Alleged Violation: _____

Date(s) of Occurrence: _____

Please provide a statement of facts, allegations and/or, concerns. Attach a copy of each document you possess that can substantiate any facts in your complaint. These documents will not be returned. Please attach additional sheets, if necessary.

Have you attempted to contact the respondent concerning your complaint? YES NO

If yes, when? _____

What was the result?

The Board accepts anonymous complaints from persons who choose to withhold their name and contact information. However, if not enough information is provided with the complaint, the Board may not be able to investigate the case.

I attest that the information provided is true, correct and complete to the best of my knowledge.

Complainant Signature

Date



Office of Investigations and Enforcement

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4470 • Fax: 803-896-4656

GOOD CAUSE EXPLANATION

The law requires that the name of the person submitting a complaint must be disclosed to the license holder who is the subject of a complaint. There is an exception to this, however, if the Board determines that good cause exists to withhold the name from the license holder.

Please use the space below to explain the reasons you believe your name should be kept private. The explanation in the space below will not be released to the license holder.

Do not use the space below to restate information already provided in the complaint you file against the license holder. Information provided below that does not relate to a request to withhold your name may not be considered in the complaint review.

Good Cause Explanation:

I understand that I am allowed to provide information for the Board's consideration to support my request to keep my name from being released to the license holder. I further understand that the Board may rule against me and determine that my explanation does not show sufficient good cause to keep my name from being disclosed. In that case, my name will be released to the license holder. For my request to be considered by the Board, I understand that I must file my complaint **and** provide my good cause explanation at the same time. I further understand that whether or not my name remains private, the license holder will receive a copy of my complaint and my supporting materials.

Complainant Signature

Date