

**MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS**

**4201 Patterson Avenue, Suite 301**

**Baltimore, MD 21215**

Office (410) 764-4726; Fax (410) 358-1879

**COMPLAINT FORM**

The Maryland State Board of Chiropractic Examiners (the “Board”) investigates complaints filed against licensed chiropractors (DCs) and registered chiropractic assistants (“CAs”) to determine if there is a violation of the Maryland Chiropractic Act.

Whenever a complaint involves the practice of chiropractic by someone *other* than a licensed chiropractor or registered CA, the Board may refer the matter to the appropriate law enforcement agency for possible criminal prosecution.

To assist in the processing of your complaint, include the names, addresses, and telephone numbers of all persons named in the complaint. If certain information is not known, please indicate on the form. All complaints are thoroughly reviewed and often referred for investigation.

Should the Board bring charges against a chiropractor or CA, advance notice must be given to the chiropractor or CA to allow time to respond to the complaint and prepare a defense. Therefore, in most cases there will be a time lapse between the filing of the complaint and scheduling a case resolution conference or hearing. You may be called to testify as a witness if a Board hearing is scheduled.

You will be notified in writing as to the outcome of your complaint. If there is more than one person filing this complaint, please use a separate form for each person.

Please contact a Board investigator with any questions at (410) 764-3677.

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[www.health.maryland.gov/chiropractic](http://www.health.maryland.gov/chiropractic)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK.**

**Please complete the following:**

Name of Licensee/Registrant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at time of treatment: \_\_\_\_\_

Were you a patient of this Chiropractor or CA?  Yes  No If so, please indicate the time period for which you were a patient. From: \_\_\_\_\_ to \_\_\_\_\_

Have you discussed your concerns with this Chiropractor or CA? If so, what was the outcome?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of occurrence(s) complained about: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe, in narrative form, with as much detail as possible, the exact nature of your complaint against this Chiropractor or CA. You may attach a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names, addresses and telephone numbers of any witnesses to the occurrence(s) complained of, including any persons who were present at the time of the occurrence(s).

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For what condition were/are you being treated?

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Do you consent to the release to this Board or its designated investigating body, reports or records relating to this occurrence, and your medical history from any health care provider or hospital, including the Chiropractor complained of?  Yes  No If yes, please authorize by signature:

\_\_\_\_\_  
Signature authorizing release of records and reports

\_\_\_\_\_  
Date

If No, why not?

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If the complaint is made by a person, other than the patient, acting in an official or professional capacity, please furnish the following additional information. Also, please be sure to read, sign and date the last page of this complaint form.

Your official title or designation: \_\_\_\_\_

Did you personally investigate the matters set forth in this complaint?

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Do you have any reports or other written communications directed to you with respect to the matters of this complaint? \_\_\_\_\_

If so, please attach copies of these communications.

I HEREBY CERTIFY AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTER AND FACTS SET FORTH IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date