

STATE OF MARYLAND
BOARD OF DIETETIC PRACTICE
4201 Patterson Avenue, Baltimore, MD 21215
Telephone (410) 764-4733

COMPLAINT FORM

TO THE PERSON FILING THE COMPLAINT:

- A. The Board of Dietetic Practice is charged with investigating complaints against licensed Dietitians and Nutritionists.
- B. All blanks should be filled in as completely as possible. Where the information requested is not known, the complainant should so state. Please type or print when completing this form.
- C. In order to expedite the processing of your complaint, please write the correct names, addresses and telephone numbers, both home and business, of all persons named in the complaint, including that of the complainant, the professional and all others.
- D. **You should be aware that the Board normally forwards a copy of the complaint to the professional and requests that he/she responds to the issues in the complaint. If there are any reasons why you feel this complaint should not be shared with the professional, please indicate on a separate statement attached to the complaint.**
- E. The Board will review the complaint and the professional's response and will determine whether further investigation is warranted. If the complaint is referred for investigation, the investigation may take ninety (90) days or more. Thereafter the Board reviews the report, after which it may conduct such further investigations, as it deems necessary. If the Board determines to bring charges against the professional and to hold a hearing, sufficient advance notice will be given to the professional concerned to enable him/her to prepare a defense. Therefore, in most cases, there is considerable time lapse between the filing of the complaint and final action by the Board. The Board will advise the complainant of the action taken.
- F. **PLEASE NOTE:** The Board does not have authority to handle or resolve complaints concerning fee disputes, refunds or other similar economic issues where there does not appear to be a claim of fraud or misrepresentation.

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If there is more than one complainant, please use a separate form for each one.

1. Full name of the complainant _____
2. Home address _____
3. Business address _____
4. Home telephone _____ Business phone _____
5. Name of professional about whom you are making the complaint

6. Office address _____
Phone No. _____
7. Were you a patient of this professional? _____ If so, during what period of time?

8. Have you discussed your complaint with the professional about whom
you are making the complaint? _____
9. Date(s) of occurrence(s) of complaint: _____

10. Describe with as much detail as possible, the exact nature of your complaint(s)
against this professional. Use as many additional sheets as necessary. Number
each additional sheet and sign each one at the bottom.

11. Did you enter into a contract? _____ Yes _____ No

If yes, was the contract _____ oral _____ written? With whom did you enter the contract? Give name and address of individual or company: _____

Date of contract _____ Amount of contract _____

Did you pay for the services ____ Yes ____ No. If yes, give amount \$ _____

12. State the names, addresses, and telephone numbers of all persons who witnessed, or who have other knowledge of your complaint or the occurrence.

13. Have you made this complaint to any other person or organization?

If so, to whom? _____

14. For what condition were you being treated by this professional?

15. Do you consent to the release to this Board or its designated investigating body all medical reports and records relating to you and to this occurrence from any hospital, related institution or health professional, including the professional about whom you are making the complaint? _____ Yes _____ No

IF THE COMPLAINT IS MADE BY A PERSON OTHER THAN A PATIENT, PLEASE FURNISH THE FOLLOWING INFORMATION:

16. Your official title or designation _____

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

18. If not, or if others assisted you in the investigation, state the names and titles of the person or persons, if any, who investigated or assisted.

19. Do you have any reports or other written communications directed to you with respect to the complaint?

(If so, please attach copies of such material to this complaint form).

20. Please state any further information regarding this complaint which you wish to convey to the Board.

Date of Complaint

Signature of Complainant