MARYLAND COMMISSION ON KIDNEY DISEASE

4201 Patterson Avenue, Room 319
Baltimore, Maryland 21215-2299
410-764-4799
410-358-3083 (Fax)

COMPLAINT FORM

IDENTITY OF CENTER/STAFF

Full Name/Center: _____

Center Address: _____
(City) (State) (Zip Code)

Center Telephone: (____)_____

PATIENT NAME

Full Name: _____
(Please Print)

Home Address: _____
(Street)

_____
(City (State) (Zip Code)

Home Telephone: (____)_____

Office Telephone: (____)_____

Date of Birth: _____/_____/_____

IDENTITY OF COMPLAINANT

If the person making the complaint is not the patient, please provide the following information:

Full Name: _____

Home Address: _____
(Street)

_____
(City) (State) (Zip Code)

Home Telephone: (____)_____

Office Telephone: (____)_____

Relationship to Complainant: _____

PLEASE DESCRIBE, WITH AS MUCH DETAIL AS POSSIBLE, THE EXACT NATURE OF YOUR COMPLAINT(S) INCLUDING DATE(S) OF OCCURRENCE(S).
Use as many additional sheets as necessary. Number each additional sheet and sign each one at the bottom.

HAVE YOU MADE THIS COMPLAINT TO ANY OTHER PERSON OR ORGANIZATION?
_____Y_____N

IF SO, TO WHOM? _____

STATE NAME(S), ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ALL PERSON(S) WHO HAVE KNOWLEDGE OF YOUR COMPLAINT.

_____
_____
_____
_____

DO YOU HAVE ANY REPORT(S) OR OTHER WRITTEN COMMUNICATION(S) DIRECTED TO YOU WITH RESPECT TO THE MATTERS COMPLAINED OF? _____Y_____N
(If so, please attach copies of such material to this complaint form)

PLEASE STATE ANY FURTHER INFORMATION REGARDING THIS COMPLAINT WHICH YOU WISH TO CONVEY TO THE COMMISSION.

_____
_____
_____
_____

I HEREBY CONSENT TO THE RELEASE TO THE COMMISSION ON KIDNEY DISEASE, OR ITS DESIGNATED INVESTIGATORY BODY, OF MEDICAL REPORTS AND RECORDS RELATING TO THIS OCCURRENCE FROM ANY DIALYSIS FACILITY, RELATED INSTITUTION OR HEATLH PROFESSIONAL.

_____ _____

Date of Complaint **Signature of complainant**

I HEREBY ATTEST THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM COMPETENT TO MAKE THESE STATEMENTS.

_____ _____

Date of Complaint **Signature of complainant**