

# Texas Medical Board Licensee Complaint Form

## NOTICE

IF IT IS DETERMINED THE INDIVIDUAL OR PRACTICE IDENTIFIED IN YOUR COMPLAINT IS NOT REGULATED BY THE TEXAS MEDICAL BOARD THAT INFORMATION, INCLUDING YOUR IDENTITY, MUST BE PROVIDED TO THE PROPER AGENCY FOR INVESTIGATION.

**IF YOUR COMPLAINT IS REFERRED TO ANOTHER AGENCY, TMB WILL PROVIDE A COPY OF YOUR COMPLAINT AND IDENTIFYING INFORMATION WITH THE REFERRAL. YOUR CONFIDENTIAL STATUS WILL BE DETERMINED BY THE AGENCY RECEIVING THE REFERRAL.**

### Complaint Registered Against

**Note:** You may use the Texas Medical Board's [Look Up A Licensee](#) to determine if the practitioner is licensed by TMB. All fields are required.

**Name of Practitioner:**

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**Phone Number:**

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**Address Line 1:**

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**Address Line 2:**

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**City:**

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**State:**

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**Zip:**

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### Person Registering the Complaint

**Note:** All fields are required except for the business phone.

**First Name:**

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**Last Name:**

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**Email Address:**

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**Verify Email Address:**

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**Home Phone Number:**

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**Business Phone  
Number:**

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**Address Line 1:**

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**Address Line 2:**

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**City:**

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**State:**

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**Zip:**

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## Patient/Person Harmed by the Practitioner

**Note:** All fields are required.

**Patient/Person Name:**

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**Patient Date of Birth:**

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## Details of Complaint

**Note:** All fields are required.

Do you have supporting documentation to provide, such as medical or billing records, photos, video or audio recordings or links to websites? If so, please indicate and you will receive instructions regarding how to submit this information.

Have you received a second opinion?

**2<sup>nd</sup> Physician Name:**

Describe your complaint in detail and the events that led to your complaint. Include dates and location of treatment and medications prescribed\*

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Please select a category for your complaint.

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|---|---|
| <input type="checkbox"/> Quality of Care/Prescribing                    | <input type="checkbox"/> Impairment due to alcohol or drugs         |
| <input type="checkbox"/> Impairment due to mental or physical condition | <input type="checkbox"/> Professional or Sexual Boundaries          |
| <input type="checkbox"/> Discipline by Hospital or Peers                | <input type="checkbox"/> Failure to Timely Release Records          |
| <input type="checkbox"/> Closed Practice with No Notice                 | <input type="checkbox"/> False Advertising                          |
| <input type="checkbox"/> Unprofessional Conduct                         | <input type="checkbox"/> HIPPA or Breach of Patient Confidentiality |
| <input type="checkbox"/> Billing  | <input type="checkbox"/> Other/Multiple/Unsure                      |

### Declarations

**Note:** All fields are required.

- I agree that I have read and understood the **Appendix B: Citizen Complaint Process**.
- I agree that while my confidentiality, unless waived, will be strictly safeguarded, I may not be anonymous to the Board and that I may be contacted by staff of the Board for additional information during the course of any investigation.
- I agree that once my complaint is submitted, I may not withdraw it.
- I agree that if additional information is required or if my testimony is required that I will cooperate with these requests. I understand that if I do not cooperate, it may result in my complaint being dismissed due to lack of cooperation.
- I agree that updates on my complaint may be provided by email instead of postal service.

I have read the preceding, and it is true to the best of my information and belief. I understand that if I do not provide a name or a source this complaint will not be processed. If my complaint would be more appropriately addressed by a different agency or society, I authorize TMB to forward my complaint to that agency or society.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX A: ADDITIONAL DETAILS

Use this space to provide additional details if necessary.

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## **APPENDIX B: THE CITIZEN COMPLAINT PROCESS**

### WHO MAY FILE A COMPLAINT

Anyone may file a complaint with the Texas Medical Board against a Physician, either an M.D. or D.O., a Physician's Assistant, Acupuncturist, Respiratory Care Practitioner, Medical Radiological Technologist, Medical Physicist or Perfusionist. Complaints may also be filed regarding the unlicensed practice of medicine or corporate practice of medicine.

### HOW DO I FILE A COMPLAINT?

A complaint must be submitted in writing. You may mail in your complaint or submit it on the TMB Website.

### HOW ARE COMPLAINTS INVESTIGATED AND WILL I BE TOLD THE STATUS OF MY COMPLAINT?

First, a determination must be made that the Board has authority (jurisdiction) to act on a complaint. The complaint is then reviewed to determine if a violation of the applicable practice Act has occurred.

You will receive a letter regarding the status of your complaint in about 45 days following the initial review process. Should your complaint be outside the Board's jurisdiction, we will notify you.

If the complaint is determined to be jurisdictional and a possible violation of the Act has occurred, a formal investigation will be opened and assigned to a trained investigator. We will notify you of the status of your complaint approximately every 90 days until a final determination is made.

Best efforts will be made to resolve this case within 180 days. However, there are many reasons a case may go longer than that. Your cooperation with any inquiries from the assigned investigator may help this matter reach a faster and more complete resolution.

All materials that are part of this investigation, including anything you submit to us, become a part of the Board's investigative files and are confidential and privileged by statute. They cannot be returned to you.

### WHAT COMPLAINTS DO NOT FALL WITHIN THE BOARD'S JURISDICTION

Rudeness complaints. While the Board expects all licensees and patients to deal with each other in a calm and professional manner, these issues may best be directed to local Medical societies.

Complaints about unlicensed individuals or individuals not licensed by this agency. There may be another agency that does have the authority to investigate your complaint. If this is something we can determine, we may be able, or required, to forward your complaint to another agency. In other situations, you may need to research an appropriate regulatory agency or consult with an attorney regarding who may have authority to investigate your complaint.

The unlicensed practice of medicine is a criminal violation. Complaints of unlicensed practice should be referred to the Attorney General, Consumer Protection Division or to your local police department.

Insurance billing complaints should be filed with the Texas Department of Insurance.

Workers Compensation Complaints should be referred to the Texas Workers' Compensation Commission.

### WHAT ACTION CAN THE BOARD TAKE

If we lack sufficient evidence of a violation then we will close the investigation and notify you.

If the investigation establishes that a practitioner violated the Act, the Board may order corrective actions or disciplinary action ranging from a written reprimand or up to and including suspension or revocation. Fines may also be imposed, but the Board does not award any type of money damages for any injury to complainants.

Information regarding how to obtain your medical records and many other subjects are available on our internet page at <http://www.tmb.state.tx.us> OR you may contact us by telephone regarding questions about the complaint process at (512) 305-7100.

### CAN I REMAIN ANONYMOUS

Complainants are entitled to confidentiality and the Board will NOT reveal your status as a complainant without your written consent. Licensees do speculate about who the complainant is, and sometimes they are correct, but the Board will not disclose your identity as a complainant.

Although you are entitled to confidentiality, you may not be anonymous. The Board must be able to identify and contact you about your complaint.