



Commonwealth of Massachusetts
Board of Registration in Medicine
Committee on Acupuncture

COMPLAINT FORM

Return this form to: Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Fax: (781) 876-8381

Please type or print legibly in ink. You may use the attached lined page to explain your complaint or attach your own paper to this form. Any additional information you would like to submit with your complaint must be in paper or electronic form and will not be returned. Do not send objects, tapes, or X-rays. **If you have any questions, please call the Consumer Protection Unit at (781) 876-8200.**

ACUPUNCTURIST INFORMATION (*one acupuncturist for each Complaint Form*)

last name	first name	middle initial	
street address	city	state	zip code
telephone number: _____			

PATIENT INFORMATION

<input type="checkbox"/> male <input type="checkbox"/> female	last name	first name	middle initial	
street address	city	state	zip code	
date of birth: _____		daytime telephone number: _____		
location of treatment: <input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Clinic <input type="checkbox"/> Other _____				
date(s) the incident(s) described in the complaint happened: _____				
length of time the patient has been under the acupuncturist's care: _____				

COMPLAINANT INFORMATION (*Complete ONLY if different from the patient information*)

NOTE: *The Board will not communicate the patient's confidential medical information to you without legal proof that you are authorized to receive the information.*

<input type="checkbox"/> male <input type="checkbox"/> female	last name	first name	middle initial	
street address	city	state	zip code	
your relationship to the patient: _____		daytime telephone number: _____		

ACKNOWLEDGEMENT

I acknowledge that, by submitting this complaint and signing this form, the Committee on Acupuncture may (1) obtain medical records and other information relating to this complaint; and/or (2) refer my complaint to other appropriate regulatory or law enforcement authorities. I understand that the Committee may provide a copy of my complaint and all attachments to the acupuncturist.

Complainant's signature _____

Date _____

revised 8/25/2011

