**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**

 male

 female

last name first name middle initial

street address city state zip code

date of birth: daytime telephone number:

location of treatment:  Office  Hospital  Nursing Home  Clinic  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.*

 male

 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

Visit our website: <http://www.mass.gov/massmedboard>

Acupuncturist's Name: \_ Complainant's Name: \_ Briefly describe your complaint: