

**Board of Audiologists, Hearing Aid Dispensers
and Speech-Language Pathologists**

4201 Patterson Avenue
Baltimore, MD 21215
Phone: (410) 764-4725

COMPLAINT FORM

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 telephone _____
5. Date of Birth _____
6. Name of practitioner about whom you are making a complaint:

7. Office address _____

- Office Phone # _____
8. Were you a patient of this practitioner If so, during what period of time?

9. Have you discussed your complaint with the practitioner about whom you are
making the complaint? _____

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10. Date(s) of the occurrence(s) of the complaint _____

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

12. Have you make this complaint to any other person or organization? If so, to whom?

13. For what condition were you being treated by this practitioner? _____

14. Do you consent to the release to this Board or its designated investigating body, of medical reports and records relating to you and to this occurrence from any hospital, related institution or health professional, including the practitioner about whom you are making the complaint?

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

15. Your official title or designation _____

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16. Did you personally investigate the matter set forth in this complaint _____

17. 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

18. Do you have any reports or other written communications directed to you with respect to the matters complained of

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

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

Date of Complaint

Signature of Complainant