STATE OF NEVADA
BOARD OF HOMEOPATHIC MEDICAL EXAMINERS

COMPLAINT

PLEASE PRINT OR TYPE

1. Name of Doctor the Complaint is against: _____

Address: _____

_____ Phone: _____

Your Name: _____ Patient Name: _____

Address: _____

_____ Phone: _____

2. Nature of Complaint: Please be specific and brief. Provide any documentation which would support your claim.

Use additional sheets if necessary. _____

_____

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_____

1301 Cordone Avenue, Suite 126, Reno, NV 89502
Telephone: 775.324.3353 • Facsimile 775.828.7825 • E-mail: nvhomeopathicboard@sbcglobal.net

3. Did you obtain a second opinion from another doctor? Yes _____ No _____

If yes, please provide a copy of second opinion and the name and address of the doctor. _____

_____

_____

4. How would you like to see this matter resolved? _____

_____

_____

_____

STATE OF _____)

) ss.

COUNTY OF _____)

I, _____ , being duly sworn, upon oath and under penalty of perjury deposes and says: That I am the Complainant named in this Complaint, that I have read the foregoing Complaint and know the contents thereof, that the same is true of my own knowledge except as to those matters therein stated to be upon information and belief, and as to those matters I believe them to be true. I have also read and understand the attached Authorization to Release Information.

_____
Complainant

SUBSCRIBED AND SWORN TO before me this ___ day of _____ , 20 _____.

_____ _____
Notary Public My Commission Expires

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any physician, dentist, hospital, pharmacy, insurance company, claims administrator, employer or organization to release any information regarding the medical or dental history, treatment or benefits for myself or my dependents for the purposes of reviewing treatments, validating and determining what action is to be taken on this Complaint. I understand that my medical records and my Complaint may be reviewed by the State of Nevada Board of Homeopathic Medical Examiners (the "Board"), its staff, investigators, attorneys, and the person against whom this Complaint has been filed. I hereby authorize the Board to release any and all information pertaining to the Complaint filed, to the person and/or persons to whom this Complaint was filed against for a response.

I accept the risk of any adverse public notice, embarrassment, criticism, and/or invasion of privacy as a result of the Board considering the Complaint. I also agree to hold the Board, its staff, investigators and attorneys harmless from any liability whatsoever during the entire process of considering the Complaint, i.e., I will not sue the entities and/or the persons just mentioned.

Dated this _____ day of _____ , 20 _____ .

STATE OF _____)

) ss.

COUNTY OF _____)

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