

**ARIZONA MEDICAL BOARD
Complaint Form**

The Arizona Medical Board's Authority: The Arizona Medical Board (Board) has the statutory authority to regulate allopathic physicians (M.D.) under the Arizona Medical Practice Act. The Board's jurisdiction and authority are limited to violations of the Arizona Medical Practice Act only. A.R.S. § 32-1401 et seq.

If you wish to file a complaint against an M.D., please complete the information below:

Person filing the complaint:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number where you wish to be contacted during business hours: ____ - ____ - ____

Email Address _____ (If you change email, please notify us.)

Patient:

Name of Patient: _____

Patient's Date of Birth: _____ (Optional, but assists us in obtaining medical records)

If you are not the patient, please state your relationship to patient: _____

This complaint is being filed against:

Full Name of M.D.: _____

Office Address: _____

(Street Address)

(City)

(State)

(Zip Code)

Date(s) of Incident: _____

