

Nevada State Board of Medical Examiners

9600 Gateway Drive, Reno, NV 89521

Phone: In Reno/Sparks/Carson City: (775) 688-2559

(If calling from any other area of Nevada, call the Board's in-state, toll-free number: 888-890-8210)

Fax: (775) 688-2553

Please use Internet Explorer to complete and submit this form online.

**COMPLAINT FORM**

You may use this form to provide your complaint information and summary. Be as concise as possible. If you have documents to support your allegation(s), please include them with your Complaint Form. You may mail or fax this completed form, along with any supporting documentation, to the Board at the above address or fax number, or you may e-mail this form and attach supporting documentation by clicking the "Submit" button on the bottom of the second page. Please use Internet Explorer to complete and submit this form via e-mail.

Your Name: \_\_\_\_\_ Gender: \_\_\_ M / \_\_\_ F  
Phone Number(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Gender: \_\_\_ M / \_\_\_ F  
Patient Date of Birth: \_\_\_\_\_

Physician(s), Physician Assistant(s), Practitioner(s) of Respiratory Care, Perfusionists named in Complaint:

1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Date(s) of Occurrence: \_\_\_\_\_

Treatment Received At (please check the following that apply, and include name and address):

Physician's Office: \_\_\_\_\_

Hospital: \_\_\_\_\_

Other: \_\_\_\_\_

Did you obtain a second opinion from another physician? \_\_\_ Yes \_\_\_ No

If "Yes": Name of Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**COMPLAINT SUMMARY**

By checking this box, I hereby attest that the information contained in this Complaint is true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_