Nevada State Board of
Medical Examiners

9600 Gateway Drive, Reno, NV 89521

Phone: 775-688-2559 Toll-Free: 888-890-8210 Fax: 775-688-2553

COMPLAINT FORM

You may use this form to provide your complaint information and summary. Be as concise as possible. You may mail or fax this completed form to the Board at the above address or fax number. You will receive a written response from the Board once your complaint has been reviewed and processed. **Please DO NOT include medical records or additional documentation with this form**.

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, Perfusionist(s), Anesthesiologist Assistant(s), Genetic Counselor(s) 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 (2,500 character limit)

☐ **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: ______________________