



State of Arizona Board of Chiropractic Examiners

1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007
Voice: (602) 864.5088 | TTY (800) 367-8939 (AZ Relay Service)
www.chiroboard.az.gov

To Whom It May Concern:

Enclosed you will find the complaint form you requested. Please provide your name, address, daytime telephone number, as well as the name and address of the chiropractor. When writing your narrative, be sure to include dates of treatment and an explanation of what you feel the chiropractor did wrong. The information requested is essential in conducting a thorough investigation of the allegations. A lack of the needed information may result in your complaint form being returned to you. You may include as many pages of comments and supporting documents as you feel are necessary.

Although the Board accepts anonymous complaints, state law requires that you provide your name. Your identity will be kept confidential from the public however the Board may be compelled to release your name to the doctor involved in your complaint.

Upon receipt of your complaint, a copy will be sent to the chiropractor with instructions to respond in writing. A copy of the chiropractor's written response will be mailed to you for your review and at that time, you may provide additional comments to the Board. Your complaint will be placed on a future agenda for the Board to review and determine what action, if any, is necessary. You will be notified of the Board's meeting date, time, and location and are welcome to attend and discuss the complaint with the Board.

Please note the Board does not have jurisdiction over the following issues: Billing or fee disputes (the amount a chiropractor charges for services), Personality conflicts, Bedside manner or rudeness of practitioners and or their staff, Business or contract disputes, employment matters or disputes.

Please review the enclosed brochure that provides further details on the complaint process. If you have additional questions, you may contact the Board at 602.864.5088.

Sincerely,
Justin Bohall
Executive Director

Enclosure: Complaint form
Complaint Information Pamphlet



**STATE OF ARIZONA
BOARD OF CHIROPRACTIC EXAMINERS**

COMPLAINT FORM
Complaint #: _____ - _____

Name:
Address:
City, State, and Zip Code:
Telephone #:
Email Address:
Doctor's Name:
Doctor's Address:
Patient's Name:

Please attach your written complaint, additional evidence, medical or billing records, and any other documents that will help support your complaint, to this form and return to:

*State of Arizona Board of Chiropractic Examiners
1740 West Adams Street, Suite 2430
Phoenix, AZ 85007*

I do hereby attest that the information provided in this complaint is true to the best of my knowledge and I hereby request the Board of Chiropractic Examiners investigate my complaint against the above named Doctor of Chiropractic. I agree to testify as a witness for the state, under oath to the information given in this complaint, should the Board request me to do so.

Signature

Date

