



IOWA BOARD OF MEDICINE
400 SW EIGHTH STREET
SUITE C
DES MOINES, IOWA 50309
PHONE: 515-281-5171
FAX: 515-281-8641
Web: www.medicalboard.iowa.gov

COMPLAINT FORM

One of the most important ways the Iowa Board of Medicine protects consumers is by investigating their complaints against physicians. This form helps the Board collect basic information to review your complaint. For an explanation of the complaint investigation process, please call the Board's Enforcement Division, 515-281-5847, or visit the Board's website, www.medicalboard.iowa.gov Please provide the following information so that the Board can acknowledge receipt of your complaint and contact you should additional information be needed:

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: _____

DAYTIME PHONE: _____
(AREA CODE)

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____
(MONTH/DAY/YEAR)

YOUR GENDER:
(CHECK ONE)

- Male
 Female

PATIENT INFORMATION

NOTE: If you are not the patient, please provide the following information:

PATIENT'S NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____

DAYTIME PHONE: _____
(AREA CODE)

E-MAIL ADDRESS: _____

PATIENT'S DATE OF BIRTH: _____
(MONTH/DAY/YEAR)

PATIENT'S GENDER:
(CHECK ONE)

- Male
 Female

RELATIONSHIP OF COMPLAINANT TO PATIENT:
(CHECK ONE)

- Patient
 Spouse
 Relative (SPECIFY: _____)
 No Relation

PHYSICIAN INFORMATION

Please provide the following information about the physician(s) who is the subject of your complaint:

PHYSICIAN'S NAME: _____
(LAST) *(FIRST)*

OFFICE ADDRESS: _____

OFFICE PHONE: _____
(AREA CODE)

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PHYSICIAN'S NAME: _____
(LAST) *(FIRST)*

OFFICE ADDRESS: _____

OFFICE PHONE: _____
(AREA CODE)

+++++

PHYSICIAN'S NAME: _____
(LAST) *(FIRST)*

OFFICE ADDRESS: _____

OFFICE PHONE: _____
(AREA CODE)

QUESTIONS ABOUT COMPLAINT

1. Did you discuss the complaint with the physician? Yes No

Explain:

2. Did you obtain an opinion from another physician about your complaint? Yes No

Explain:

3. Have you contacted another regulatory agency or an attorney about your complaint? Yes No

Explain:

4. Do you have/did you have a professional relationship (business, employment, etc.) with the physician? Yes No

Explain:

5. Do you have/did you have a personal relationship with the physician?

Yes No

Explain:

