Maryland
DEPARTMENT OF HEALTH

Maryland State Board of Acupuncture
4201 Patterson Avenue, Third Floor
Baltimore, MD 21215
Office: (410) 764-4766 **Fax:** (410) 431-3072
TTY/MD Relay: (800) 735-2258 or 711
Website: health.maryland.gov/bacc
Email: mdh.acupuncture@maryland.gov

INSTRUCTIONS FOR FILING A COMPLAINT

TO THE PERSON FILING THE COMPLAINT (COMPLAINANT):

A. The Board of Acupuncture is charged with investigating complaints against licensed Acupuncturists. A complaint against another health professional must be filed with that board. To find this information please visit the MD Department of Health webpage then click on Offices & Administrations or call (410) 767-6500.

B. This form should not be used to file a complaint that is based on a fee dispute that cannot be attributed to fraud or misrepresentation. Such complaints must be filed with the Maryland Attorney General's Office that investigates consumer complaints.

C. The Board can only review complaints that it can understand. The form must be legible and completed in English. You have the option to print or type the information. If the information you would like to share exceeds the form, please feel free to attach another sheet with the additional information.

D. If you have more than one complaint (e.g., treatment related injury and unprofessional conduct) please submit a separate form for each complaint. If you have a complaint against multiple licensed Acupuncturists in one practice please submit a separate complaint for each license Acupuncturist. If your complaint includes different licensed health professionals in one healthcare practice (e.g., Acupuncturist, Massage Therapist and Physical Therapist work for Feel Better Health Clinic), you must submit separate complaints for each licensed health professional to the proper licensing board.

E. Only complete complaints will be reviewed. To be considered complete a complaint must be signed and dated by the person filing the complaint with all the requested information provided. If you don't have the requested information or the information is not applicable to your complaint please write, "unknown" and/or "not applicable". A complaint can be submitted by email, fax or mail. The Board will notify the Complainant that the complaint has been received.

Upon review of the complaint the Board determines the next steps which can include case dismissal, case closure, informal action or formal action. In any case, unless the Board requires additional information the Complainant will not be provided with status updates. The Complainant will be informed when the Board concludes the complaint review.

The review process timeline varies for each complaint, therefore, it is not unusual for there to be an extended period of time between the acknowledgement of the complaint and the case review completion notice.

BOARD OF ACUPUNCTURE COMPLAINT FORM

—---------- COMPLAINT FILER (COMPLAINANT) INFORMATION ----------

FULL NAME: _____

ADDRESS: _____

_____

CONTACT #: _____

EMAIL ADDRESS: _____

_____

—---------- LICENSED ACUPUNCTURIST INFORMATION ----------

LICENSEE NAME: _____

LICENSEE ADDRESS: _____

_____

LICENSE #: _____ LICENSEE CONTACT #: _____

EMAIL ADDRESS: _____

Were you a patient of this acupuncturist? ☐ Yes ☐ No

If "Yes" please share the time period for the treatment relationship From _____ To _____

If "Yes" please share your DATE OF BIRTH: _____

If "Yes" please share the condition you were treated for and/or the purpose of your treatment?

_____

_____

_____

Have you discussed your complaint with the Acupuncturist? ☐ Yes ☐ No

What was the outcome of the exchange?

_____

_____

_____

Please share the date(s) associated with the complaint:

Date 1: _____ Date 2: _____ Date 3: _____ Date 4: _____

Date 5: _____ Date 6: _____ Date 7: _____ Date 8: _____

Please describe your complaint in detail, including places/settings, times of day corresponding with the above listed dates, the nature of the interaction, other parties/witnesses if any and any other facts that will help the Board understand your complaint. Please feel free to include additional pages if necessary.

If there were other parties involved in or that can be considered witnesses please list their information below.

☐ Please check here if not applicable.

1. NAME: _____ CONTACT #: _____

   ADDRESS: _____

   _____

   EMAIL ADDRESS: _____

2. NAME: _____ CONTACT #: _____

   ADDRESS: _____

   _____

   EMAIL ADDRESS: _____

3. NAME: _____ CONTACT #: _____

   ADDRESS: _____

   _____

   EMAIL ADDRESS: _____

4. NAME: _____ CONTACT #: _____

   ADDRESS: _____

   _____

   EMAIL ADDRESS: _____

Did you enter into a contract with the licensed Acupuncturist? ☐ Yes ☐ No ☐ Oral or ☐ Written

Contract Dates: From _____ To: _____ Amount of contract: $_____

Did you pay for services (with or without a contract)? ☐ Yes ☐ No Amount Paid: $_____

Have you made this complaint to any other person or organization (Entity)? ☐ Yes ☐ No

If "Yes" please share the Entity's contact information below:

1. ENTITY NAME: _____

   ADDRESS: _____

   CONTACT #: _____

   EMAIL ADDRESS: _____

   WEB ADDRESS: _____

2. ENTITY NAME: _____

   ADDRESS: _____

   CONTACT #: _____

   EMAIL ADDRESS: _____

   WEB ADDRESS: _____

Do you consent to the release of, to this Board or its designated investigating body, records and reports relating to you, this occurrence and your medical history from any hospital, related institution or health professional, including the licensed Acupuncturist about whom you are making the complaint? ☐ Yes ☐ No

Signature: _____ Date: _____

If "No" please share the reason _____

_____

_____

_____

If this complaint is being made by a person other than the patient that experienced the treatment or that was in relationship with the licensed Acupuncturist, please share your relationship to the patient:

RELATIONSHIP: _____

Have you included documentation in support of the complaint? ☐ Yes ☐ No

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Complainant Signature: _____ Date: _____