

VERMONT DEPARTMENT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
280 State Drive  
Waterbury, VT 05671-8320  
(802) 657-4220

**COMPLAINT FORM**

**Please Print**

Your information:

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Business/Daytime phone \_\_\_\_\_ Cell/Home phone \_\_\_\_\_

Email \_\_\_\_\_

This is a complaint against a:

Physician (MD)

Physician Assistant (PA)

Podiatrist (DPM)

Full name of Physician, Physician Assistant, or Podiatrist:

\_\_\_\_\_

Name of health care facility (if known) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Business phone of Physician, Physician Assistant, or Podiatrist \_\_\_\_\_

**NATURE OF COMPLAINT:** Please describe, in detail, the nature of your complaint against this professional. Use the space on the reverse side and additional sheets, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please turn over and complete other side**

