

VERMONT DEPARTMENT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
280 State Drive  
Waterbury, VT 05671-8320  
(802) 657-4220 Email: AHS.VDHMedicalBoard@vt.gov

**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.

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**Please turn over and complete other side**

[illegible]

We need to be able to review the medical records that relate to this complaint. The patient or the patient's legally authorized representative must sign the release form (attached). We will send you a confirmation letter when we receive your signed Authorization for Release of Medical Records and Complaint Form.

We will likely be sending a copy of your Complaint Form, the information attached to it, and the Authorization form to the professional who is the subject of this complaint. If this investigation results in formal disciplinary action against the professional, the name and other information about the person filing the complaint may become public. Please call us if you have any questions or concerns.

Today's Date

**Email-  
AHS.VDHMedicalBoard@vermont.gov  
Fax - 802-657-4227**