

COMPLAINT PROCESS

Who may file a complaint?

Anyone may file a complaint with the Medical Board against a Physician, either an M.D. or a D.O., a Physician's Assistant, Respiratory Care Professional, Acupuncturist, Clinical Perfusionist, Orthotist or Prosthetist.

How do I file a complaint?

A complaint should be submitted in writing to: Georgia Medical Board, 2 Peachtree St., NW 36th Flr, Atlanta GA 30303

You may use this form for that purpose

How are complaints investigated?

Trained professionals investigate the complaints. An investigator may contact you for additional information to secure your written statement, or for written permission to obtain copies of your medical records.

A complaint regarding quality of care or conduct by a practitioner may require a lengthy investigation by experts.

All investigative material (including medical records, investigator's report, and reviews by Board consultants) become part of the Board's investigative files and is confidential and privileged by statute.

Will I be told the status of my complaint?

You will receive a letter acknowledging receipt of your complaint.

If your complaint is within the Board's jurisdiction, we will notify you of the status upon receipt of your request, verbal or written and when final action is taken.

Should your complaint be outside the Board's jurisdiction; we'll notify you immediately via regular mail.

What complaints are within the Board's jurisdiction?

The Board accepts complaints of all types. However, the most frequent types of consumer complaints are:

- 1) Unprofessional conduct; which may endanger the public
- 2) Concerns of prescribing/administering of a drug or treatment.
- 3) Inability to practice medicine by reason of mental or physical impairment (alcohol or chemical abuse, mental or physical condition).
- 4) Inability to obtain medical records

What complaints DO NOT fall within the Board's jurisdiction?

Complaints regarding rudeness and fee/insurance disputes.

Complaints against doctors who are not M.D.'s or D.O.'s and complaints regarding other health care providers or hospitals. Such complaints should be directed to the appropriate state-licensing agency.

Insurance billing complaints should be referred to the Office of Insurance Commissioner

Workers Compensation complaints should be referred to the Georgia Workers' Compensation Board

What action can the Board take?

If we lack sufficient evidence of a violation of the Medical Practice Act, then we will close the investigation and notify you via regular mail.

If the investigation established that a practitioner violated the Medical Practice Act, the Board may take non-disciplinary or disciplinary action ranging from a fine, continued medical education, probation, suspension to the most severe; revocation of license.

May I file an anonymous complaint against my doctor?

Upon filing an anonymous complaint you will not be notified of the result

The Medical Board prefers to receive signed and dated complaints. The Board's investigative files are confidential. In order to defend him or herself, the physician or other licensee has a right to face their accuser. Therefore, the Medical Board does not accept anonymous complaints except in cases where the physician or health care provider is an immediate danger to the citizens of Georgia or a complaint involving the death of a patient.

Please remember that if the Board does accept an anonymous complaint, there must be sufficient evidence, absent the identity of the complainant, for the Board to determine whether a sanction may be warranted.

You may obtain additional information at **<http://www.medicalboard.georgia.gov>** or you may contact us by telephone regarding questions of the complaint process at 404-657-6487.

COMPLAINT FORM

Person(s) Requesting Investigation

Person To Be Investigated

Name

Physician's Full Name (First and Last)

Address

Physician's Address

Phone Number

Physician's Phone Number

(Give a brief statement of the facts with dates. Use additional sheets as necessary with copies of relevant documents. **PLEASE SEND COPIES ONLY. MATERIALS WILL NOT BE RETURNED.**)

PATIENT'S FULL NAME: _____

(It would be helpful if you could include the patient's date of birth and Social Security number.)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

I authorize the Georgia Composite State Board of Medical Examiners to use this form and the information submitted with this form when conducting an investigation or acquiring medical records. I hereby authorize the Board to release a copy of my complaint to the physician involved/mentioned in the complaint.

Signature of Person Requesting Investigation

Date

Mail to: Composite State Board of Medical Examiners, 2 Peachtree St, NW. 36th floor, Atlanta, GA 30303. Fax to: 404-463-6333