

# Georgia Composite Medical Board



2 Peachtree Street, NW • 6<sup>th</sup> Floor • Atlanta, Georgia 30303 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

## Complaint Form

### What Can the Georgia Composite Medical Board do?

The Georgia Composite Medical Board (GCMB or Georgia Medical Board) is responsible for protecting health care consumers by ensuring the highest standards of professional conduct, patient care, competency and training for physicians and certain members of the healing arts.

The GCMB reviews and investigates all complaints regarding Physicians (M.D. or D.O.), Physician Assistants, Respiratory Care Professionals, Acupuncturists, Clinical Perfusionists, Orthotists, Prosthetists, Cosmetic Laser Practitioners or Genetic Counselors. Anyone can file a complaint with the Medical Board.

### What Can't the Georgia Composite Medical Board do?

We Cannot:

- Investigate complaints against anyone who is not licensed under the under the Medical Board. Some examples are: Nurses, PhDs, Dentists, Hospitals, Insurance Companies, Pharmacists, or Social Workers. *(Such complaints should be directed to the [appropriate state-licensing agency](#))*
- Assist with billing complaints or fees disputes.
- Help with Workers Compensation Complaints.
- Give Legal or Medical Advice.

### Instructions for completing the Complaint Form

Please complete all sections below to the best of your ability. Additional details can help with expedited resolutions. If a section does not apply to your complaint please, write "N/A" (not applicable) in the space provided.

- The Board does accept an anonymous complaint. However, 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 about the complaint process at <https://medicalboard.georgia.gov/file-complaint> or you may contact us by telephone at 404-657-6487 with questions.

All complaint forms not submitted electronically should be mailed to the following address.

Georgia Composite Medical Board  
2 Peachtree St., NW 6th Floor  
Atlanta, GA 30303

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<b>Complainant Information</b>	
I am:	<input type="checkbox"/> The Patient <input type="checkbox"/> Filing this report on behalf of the patient <input type="checkbox"/> A mandatory reporter
What is your relationship to the patient? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Patient's Lawyer <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Colleague <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Full Name	
Street Address	
City	
State	
Zip Code	
Phone: Home	
Phone: Work	
Phone: Mobile	
EMail	
<b>Patient Information</b>	
Patient Full Name	
Date of Birth	
Date of Incident	
Location of Incident	
Date(s) of Care	_____ through _____

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<b>Person To Be Investigated</b>			
Name			
License Number (If Known)			
Name of clinic or facility			
Street Address			
City			
State			
Zip Code			
Phone Number			
<b>Nature of Complaint</b>			
<p>Check the box that best describes the nature of your complaint:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Advertising violation  <input type="checkbox"/> Criminal Conviction  <input type="checkbox"/> Excessive Treatment or testing  <input type="checkbox"/> Inappropriate prescribing  <input type="checkbox"/> Mental or physical impairment  <input type="checkbox"/> Unlicensed practice  <input type="checkbox"/> Quality of Care  <input type="checkbox"/> Sexual misconduct  <input type="checkbox"/> Other                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Charting irregularities  <input type="checkbox"/> Discrimination  <input type="checkbox"/> Failure to supervise staff  <input type="checkbox"/> Medical records release  <input type="checkbox"/> Misdiagnosis of condition  <input type="checkbox"/> Patient abandonment/ neglect  <input type="checkbox"/> Unprofessional Conduct  <input type="checkbox"/> Substance abuse                 </td> </tr> </table>		<input type="checkbox"/> Advertising violation <input type="checkbox"/> Criminal Conviction <input type="checkbox"/> Excessive Treatment or testing <input type="checkbox"/> Inappropriate prescribing <input type="checkbox"/> Mental or physical impairment <input type="checkbox"/> Unlicensed practice <input type="checkbox"/> Quality of Care <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Other	<input type="checkbox"/> Charting irregularities <input type="checkbox"/> Discrimination <input type="checkbox"/> Failure to supervise staff <input type="checkbox"/> Medical records release <input type="checkbox"/> Misdiagnosis of condition <input type="checkbox"/> Patient abandonment/ neglect <input type="checkbox"/> Unprofessional Conduct <input type="checkbox"/> Substance abuse
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Have you addressed your concerns with the person listed in this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the result?			
All complaints are investigated. Please tell us what outcome you are seeking?			
Have you filed a complaint with anyone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, with whom?			





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Consumer Questionnaire	
Was the complaint form easy to understand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the Medical Board?	

Do you have any feedback on the complaint process?

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