

COMPLAINT FORM

PLEASE TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK.

The District of Columbia Health Regulation and Licensing Administration (HRLA) investigates complaints on behalf of the Health Occupations Boards (Boards). The Boards receive complaints and may take disciplinary action against a health professional licensee, registrant or certificate if the conduct in question is grounds for disciplinary action under the Health Occupations Revision Act of 1985 (D.C. Official Code § 3-1201.01 *et seq.*) or the District of Columbia Municipal Regulations. The disciplinary actions may include, but are not limited to, reprimand, probation, training, monetary fine, suspension or revocation of licensure, registration or certification. The Boards may also resolve the matter informally if there is no actual violation of a law or regulation or if the Board otherwise deems such action appropriate.

THE BOARDS DO NOT HAVE JURISDICTION OVER THE FOLLOWING:

- **COMPLAINTS THAT SOLELY INVOLVE FEE DISPUTES**
- **REQUESTS FOR REFUNDS**
- **A HEALTH PROFESSIONAL WHO IS NOT LICENSED IN THE DISTRICT OF COLUMBIA**

ACTIVITY THAT OCCURRED OUTSIDE OF THE DISTRICT OF COLUMBIA SHOULD BE REPORTED TO THE LICENSING BOARD OF THE STATE IN WHICH THE ACTIVITY OCCURRED.

UNLICENSED COMPLAINTS

If your complaint alleges unlicensed activity, you should address your complaint to:

Compliance Officer
2201 Shannon Place, SE
First Floor
Washington, DC 20020

You can also email your complaint about unlicensed activity to
HRLA.ComplaintsIncidents@dc.gov.

Investigation and resolution of complaints take varying amounts of time, even several months or longer. You should not wait for the outcome of a complaint to obtain needed healthcare from another practitioner, or to exercise your right to seek relief or remedy through a court of law. The Boards take action, when warranted, to protect and safeguard the public in general and do not act as the personal agent or on behalf of a complainant.

If a Board takes formal disciplinary action, you may obtain a copy of that Board's final order from the DC Health's HRLA website at <https://dohenterprise.my.site.com/ver/s/> by searching under that health professional's name. If the Board closes your complaint with a finding that the health professional has not committed a violation of District of Columbia law or regulation, the Board will notify you of such in writing.

Complaints to the Board made on this form must be signed and dated by the individual making the complaint. Complaints are made available to the licensee so that he or she may file a response to the allegations with a Board. The Board will not accept an anonymous complaint. If you have any questions, please contact HRLA at (202) 724-8800 or (202) 724-4900.

-IDENTIFY THE TYPE OF HEALTH PROVIDER or FACILITY

(Example: Physician, Home Health Aide, Pharmacist, Hospital, Nursing Home, etc.)

1. IDENTIFY THE HEALTH PROVIDER

Full Name: _____

Title: _____

Address: _____
(Street Address)

(City) (State) (Zip Code)

Phone: _____

2. PERSON MAKING THIS COMPLAINT

Full Name: _____

Address: _____
(Street Address)

(City) (State) (Zip Code)

Phone: _____

Email: _____

Date of Birth: _____

3. PATIENT/CLIENT NAME (if different from person making this complaint)

Full Name: _____

Address: _____
(Street Address)

(City) (State) (Zip Code)

Phone: _____

Email: _____

Date of Birth: _____

4. Did the patient/client suffer any physical injuries? If yes, what injuries?

5. Date(s) of occurrence(s):

6. Place(s) of occurrence(s), describe location(s):

7. Were the police notified? If yes, list the agency and complaint number:

8. COMPLAINT:

Please describe, in as much detail as possible, what event or events led to the filing of this complaint. Include in your description the dates and reason(s) for seeing the health provider. (You may use a separate sheet of paper or use the space below).

PLEASE TYPE OR PRINT

Please attach copies of any reports, bills, invoices, documents, or studies supporting or relating to your claim.

Copies of Supporting Documents Attached: _____ Yes _____ No

I HEREBY DECLARE AND AFFIRM under the penalties of perjury that the matters and facts set forth in the foregoing complaint are true and correct to the best of my knowledge, information and belief.

Date

Signature of Complainant

MAIL OR DELIVER COMPLAINT TO:

DC Board of [*the Board that regulates the licensed professional about whom you are complaining, e.g. Medicine, Nursing, etc. If unknown, address to HRLA*]
2201 Shannon Place, NE, First Floor
Washington, DC 20020

You can also email the complaint to the appropriate Board at
HLA.ComplaintsIncidents@dc.gov