## **Complaints**

**How is a complaint filed?** Anyone, including the Board, may file a complaint against a licensed naturopathic physician. The board on its own motion may investigate any evidence that appears to show that a doctor of naturopathic medicine is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be mentally or physically unable to engage safely in the practice of naturopathic medicine.

**The nature of the complaint**: The complaint should provide as much detail as possible. **Evidence that may be helpful to the investigator.** Copies of medical records and payment receipts for example. may be helpful to the investigation.

What will happen once a complaint is filed? A complaint number will be assigned and a file will be opened.

A copy of the complaint will be sent to the doctor against whom the complaint has been filed with a request for a response, and, a subpoena requiring the licensee to provide a copy of the patient's records, if applicable. In some cases, the investigator will contact both the doctor and complainant in order to clarify the complaint and response. Also, to fill in any additional information that may be lacking. Once the investigator has finished the report, the case **may** be scheduled to be reviewed at the next scheduled Board meeting. When the complaint is placed on the Board agenda, both the complainant and doctor will be notified of the meeting date and time, and will be asked to attend the meeting. At the Board meeting, the Board will then review the complaint for the first time, this is referred to as an Investigative Interview. *This is not a hearing.* It is important to remember, at this time, the Board is merely looking at the facts presented in the complaint, response, and records. There is no assumption that a law was or was not violated. It is simply a review of facts as presented. Each complaint is treated the same.

### The Board will review the complaint to determine one of the following:

If the Board finds that the information provided is not of sufficient seriousness to merit disciplinary action against the license of the doctor, the board may take any of the following actions:

- 1. Dismiss if, in the opinion of the board, the information is without merit.
- 2. File a letter of concern.
- 3. Issue a nondisciplinary order requiring the licensee to complete a prescribed number of hours of continuing education in an area or areas prescribed by the board to provide the licensee with the necessary understanding of current developments, skills, procedures or treatment.
- 4. 32-3225. <u>Types of disciplinary action; reimbursement</u>
  In addition to any other disciplinary actions that may be taken, a health profession regulatory board may impose a requirement for a reimbursement of fees paid to a licensee or certificate holder by or on behalf of the patient, if requested by the patient on a complaint form prescribed by the board.

If the board finds that it can take rehabilitative or disciplinary action it may enter into a consent agreement with the doctor to limit or restrict the doctor's practice, and may also require the doctor to successfully complete a board approved rehabilitative, retraining or assessment program. If the board believes that the information is or may be true, it may request a formal interview with the doctor.

#### At this juncture, the board may;

- 1. Dismiss if, in the opinion of the board, the complaint is without merit.
- 2. File a letter of concern.
- 3. File a letter of reprimand.
- 4. Issue a decree of censure.
- 5. Fix a period and terms of probation.
- 6. Enter into an agreement with the doctor to restrict or limit the doctor's practice or medical activities.
- 7. Issue a nondisciplinary order requiring the licensee to complete a prescribed number of hours of continuing education.

If the board finds that the information provided in an investigation warrants suspension or revocation of a license it may initiate a formal hearing. At this juncture, the doctor's license is subject to censure; probation, suspension or revocation of a license or any combination of these under any conditions as the board deems appropriate.

#### How long will this take?

It can take anywhere from 30 days to years to resolve a complaint depending on when the complaint is filed, the complexity of the investigation, and whether or not there is a related criminal matter being investigated.

Below is the fillable complaint form, once you have completed the form you will email to the board.



# NATUROPATHIC PHYSICIANS MEDICAL BOARD "Protecting the Public's Health"

1740 W Adams Suite 3002 Phoenix AZ 85007 Phone: 602.542.8242

## Submit form via mail or, by email at info@nd.az.gov

| INSTRUCTIONS:  Type or print in ink and answer all questions. Give full details of the               | FOR OFFICE USE ONLY                   |                     |
|--|---------------------------------------|---------------------|
| complaint. Email this form to the Board office.  | Case No:<br>Date Received:            |                     |
| Complaint Against:   | 2 410 11000                           |                     |
| Physicians Name:   | Date of incid                         | lent:               |
| Practice Address:  |                                       |                     |
| Dity   | State                                 | Zip                 |
| Have you advised the physician of your concern/complaint?  | Yes                                   | No                  |
| Have you and/or the physician attempted to resolve your concerns?                                    | Yes                                   | No                  |
| Are you requesting a reimbursement of fees?  | Yes                                   | No                  |
| Refer to the complaint process pursuant to A.R.S. 32-3225  |                                       |                     |
| Attach copies of any letters, correspondence, documents, records or other r<br>DO NOT SEND ORIGINALS |                                       |                     |
| STATE COMPLAINT: (Give the facts of the complaint, names, dates or approx                            | imate dates of o                      | ccurrences          |
| pelow. Attach additional page if necessary)  |                                       |                     |
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| PLEASE NOTE: This Board may accept anonymous complaints; the Board may                               | not be able to p                      | rocess an anonymous |
| complaint if the nature of the complaint will require a witness or testimony fr                      | om the complain                       | ant.                |
| Complainant Information:   |                                       |                     |
| Print your name here   | Telephone                             |                     |
|  |                                       |                     |
| AddressEmail Address:  |                                       |                     |
|  | 1                                     | 1. 1.               |
| ACKNOWLEDGEMENT, I hereby attest that the information contained in this comp                         | · · · · · · · · · · · · · · · · · · · |                     |
| ttached to this complaint are filed in good faith. I agree to testify under oath to the              | information given                     | in this complaint,  |
| understand that the Board may obtain my medical records.   |                                       |                     |
|  |                                       |                     |
| Signaturo  |                                       |                     |