

**Complaint Committee of the  
West Virginia Board of Acupuncture**

**179 Summer Street, Suite 711  
Charleston, West Virginia 25301-2122**

**(304)558-1060**

**Complaint questionnaire**

Please complete the following information concerning your complaint. Please attach any photocopies of documents, including medical records if available, that are pertinent to your complaint. State in detail all facts which you believe justify your complaint. If possible, state whether the information is within your personal knowledge, and if not, the source or sources of the information.

Please type or print in English.

1. Name of Complainant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

2. Complaint Against \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

3. Additional Information Required:

a. What is the date the practitioner cared for you? \_\_\_\_\_

b. Did any individual(s) treat you after the alleged incident? \_\_\_\_\_

If yes, please specify name(s) and address(es) \_\_\_\_\_

\_\_\_\_\_

(use additional sheets if necessary)

c. Were you an inpatient or outpatient of any health care institution after or during the alleged incident? \_\_\_\_\_

If yes, please specify name(s) and address(es) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Have you contacted the practitioner about your complaint? \_\_\_\_\_

What action was taken? \_\_\_\_\_

\_\_\_\_\_

e. Have you filed this complaint elsewhere? \_\_\_\_\_

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

What action was or is being taken? \_\_\_\_\_

\_\_\_\_\_

f. If necessary, do you consent to the release of medical records? \_\_\_\_\_

Please describe your complaint in detail on an attached sheet.

\_\_\_\_\_

PLEASE NOTE: In order to insure procedural due process, it will be necessary that we forward this complaint to the practitioner in question to be of assistance to you. **YOUR SIGNED COMPLAINT IS A MATTER OF PUBLIC RECORD.**

I certify that the above information is true to the best of my knowledge. I further state that I will voluntarily appear and testify to the facts in this complaint if called upon by the West Virginia Board of Acupuncture.

\_\_\_\_\_ Signature of Complainant

\_\_\_\_\_ Date