

State of Maine
Board of Licensure in Medicine
137 State House Station
Augusta, Maine 04333
Telephone: (207) 287-3601
Complaints (within Maine): 1-888-365-9964

Complaint against the Maine License of a Medical Doctor (M.D.) or
a Physician Assistant (P.A.)

Your Name: _____ Your Date of Birth: _____
Your Address: _____ Your Phone: _____
Your City: _____ State: _____ Zip Code: _____
Your Email: _____

Patient Name: _____ Patient Date of Birth: _____
Patient Address: _____ Phone: _____
Patient City: _____ State: _____ Zip Code: _____
Patient Email: _____

COMPLAINT AGAINST LICENSEE: (CHECK ONE)

- Physician
 Physician Assistant

Licensee Name: _____
Licensee Address: _____ Phone: _____
Licensee City: _____ State: _____ Zip Code: _____

DIRECTIONS: State the facts of your complaint as clearly as possible on the next page of this form. Attach additional sheets if necessary. Include the dates of treatment and names of physicians or physician assistants and other health care providers involved. If you wish to file a complaint against more than one physician or physician assistant, please complete a separate form for each complaint. In addition, please complete the attached authorization for the physicians or physician assistants complained against. Use additional authorizations if there are other sources which have information relating to your complaint. For example, if your complaint happened while you were in a hospital, fill out an authorization for the hospital. Upon receipt of your complaint, a copy will be sent to the physician or physician assistant. The physician or physician assistant has 30 days to respond to your complaint. A copy of the response will be sent to you unless that response would jeopardize patient health or well-being. The Board will review your complaint within approximately 90 days from the date of receipt. Based upon the evidence, the Board may dismiss the complaint, direct further investigation of the complaint, or take disciplinary action. You will be notified of the decision.

(CONTINUE ON NEXT PAGE)

