

STATE OF MAINE
BOARD OF OSTEOPATHIC LICENSURE
142 STATE HOUSE STATION, 161 CAPITOL ST | AUGUSTA, ME 04333-0142
PH: 207-287-2480 | OSTEO.PFR@MAINE.GOV

COMPLAINT AGAINST THE LICENSE OF AN OSTEOPATHIC DOCTOR (D.O.)
**** PLEASE PRINT NEATLY ****

A. COMPLAINANT

Your Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Email: _____

B. PATIENT

Patient's full name: _____ Date of Birth: _____
If different from complainant info:
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Email: _____

C. PHYSICIAN

Doctor's full name: _____
Address: _____ City _____ State _____ Zip _____
Business Phone: _____

I wish to file a complaint against the physician named above. I understand that a copy of this complaint will be sent to the physician against whom the complaint is directed, and that the Board will request a written response to the complaint from the physician involved. A copy of the response will be sent to me, unless that response would jeopardize my health or well-being. Orders of the Board relating to disciplinary action against a physician, including orders or other actions of the Board referring or scheduling matters for hearing, are a matter of public record. I also understand that the processing of this complaint may require investigation by the department of the Attorney General or other investigators and that I may be contacted to answer questions about this complaint. If the complaint pertains to a violation of law outside the scope of the statutes and rules of the Board, the Board may refer all information to the proper authorities.

Date: _____ Signature: _____

D. COMPLAINT INFORMATION:

Date(s) of Service: _____

Location(s) of Service/Name of Facility: _____

Narrative Information:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please use additional pages as needed.