

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333
(207) 287-3601
www.maine.gov/md

Report pursuant to 24 M.R.S. §2505 or §2506

Part A: Reporter/Organization Information

Name:

Name of Organization (if applicable):

Address:

State:

Zip Code:

Phone Number:

E-mail address:

Part B: Report Information

Name of practitioner: _

Name of patient(s) and/or complainant(s) involved, if applicable:

Description of adverse action, if applicable:

Date(s), location(s), and description of conduct or event: