

Nevada State Board of Medical Examiners

9600 Gateway Drive, Reno, NV 89521

Phone: In Reno/Sparks/Carson City: (775) 688-2559

(If calling from any other area of Nevada, call the Board's in-state, toll-free number: 888-890-8210)

Fax: (775) 688-2553

Please use Internet Explorer to complete and submit this form online.

COMPLAINT FORM

You may use this form to provide your complaint information and summary. Be as concise as possible. If you have documents to support your allegation(s), please include them with your Complaint Form. You may mail or fax this completed form, along with any supporting documentation, to the Board at the above address or fax number, or you may e-mail this form and attach supporting documentation by clicking the "Submit" button on the bottom of the second page. Please use Internet Explorer to complete and submit this form via e-mail.

Your Name: _____ Gender: ___ M / ___ F
Phone Number(s): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Patient Name: _____ Gender: ___ M / ___ F
Patient Date of Birth: _____

Physician(s), Physician Assistant(s), Practitioner(s) of Respiratory Care, Perfusionists named in Complaint:

1) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): _____

2) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): _____

3) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number(s): _____

Date(s) of Occurrence: _____

Treatment Received At (please check the following that apply, and include name and address):

Physician's Office: _____

Hospital: _____

Other: _____

Did you obtain a second opinion from another physician? ___ Yes ___ No

If "Yes": Name of Physician: _____

Physician Address: _____

Diagnosis: _____

COMPLAINT SUMMARY

By checking this box, I hereby attest that the information contained in this Complaint is true and correct to the best of my knowledge and belief.

Date: _____