

Complaint Checklist

The following checklist is designed to assist complainants with collecting the necessary materials needed during the NCMB complaint filing process.

Status	Item	Notes
<input type="checkbox"/>	Contact information for person filing complaint	Your full name, address, daytime telephone number and your email address
<input type="checkbox"/>	Patient Contact information	Patient name, their date of birth, and the relationship to the patient
<input type="checkbox"/>	Practitioner/Respondent Information	<ul style="list-style-type: none"> • Practitioner’s full name • Their license type (MD, DO, PA, LP, AA, or *NP) • Their primary area of practice (i.e., Cardiology, Neurology, etc.) • Their specialty (i.e., Congenital heart specialist, Epilepsy) • Their phone number and practice location
<input type="checkbox"/>	Incident information	<p>Concise account of your major concern related to the licensee listed on your complaint form along with a general event timeline. Specific information needed includes:</p> <ul style="list-style-type: none"> • Date or timeframe of occurrence • Full name and address of practice or hospital where the event occurred
<input type="checkbox"/>	Medical Records of Relevant Providers	Names, addresses, phone/fax numbers for any other health care provider, facility, clinic, or hospital you reference in the complaint

Please note: If your complaint will reference multiple health care providers, facilities, clinics, or hospitals where you (or the patient) received medical care related to the complaint, you **MUST** provide the names, addresses and date(s) of services of **EACH** facility and/or practitioner that treated you.

*If you have a complaint regarding only a Nurse Practitioner, please contact the North Carolina Board of Nursing at 919-782-3211. Website: www.ncbon.com.