



Katie Hobbs,
Governor

Arizona State Board of
Podiatry Examiners
“Protecting the Public’s Health”

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COMPLAINT FORM

Instructions: Please type or print clearly in the following fields and please summarize your allegations on page two of this complaint form, describing in detail your experience with the podiatrist. It is helpful if you include dates of service, names and addresses of witnesses, copies of medical and/or billing records and any other documentation related to your complaint.

1. Complainant information (person filing complaint):

Name: _____
(Or name of patient, if filing on behalf of patient)

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Email: _____

2. Podiatrist (who the complaint is against):

Podiatrist Name: _____ License No. (if known): _____

Address: _____

City: _____ State: _____ Zip Code: _____

3. Have you advised the podiatrist of your concern/complaint? Yes No

4. Have you and/or the podiatrist attempted to resolve your concerns? Yes No

ACKNOWLEDGMENT

I hereby state that all information given herein is true and correct to the best of my knowledge.

Signature

Date

PLEASE NOTE: the podiatrist/licensee will be furnished a copy of the complaint. However, if the disclosure of your name will pose a risk to you, a copy of the complaint with redacted ID information may be provided, but may make it difficult to fully adjudicate. If in the Board’s discretion, there is a risk of identification, the Board reserves the right to refuse furnishing a copy of the complaint. The Board may request a copy of the medical records from the podiatrist to determine if a violation of state statutes or rules occurred. You may also wish to seek legal advice for information regarding a civil suit.

SUMMARY OF ALLEGATIONS: