

State of Arizona Board of Podiatry Examiners
1400 W. Washington St. #230
Phoenix, AZ 85007
(602) 542-3095

COMPLAINT FORM

Instructions: Please print clearly in dark ink. Complete all portions of the form and attach a detailed explanation of your complaint. You may submit copies of supporting documents or pictures. It is not necessary for you to submit copies of your medical records; please do not do so unless requested. Sign the form where indicated and send to the address above by regular mail. Please be advised that any documents you submit with your complaint become part of the permanent record and by law cannot be returned to you.

Complainant Information (Person filing complaint):

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate number (optional): _____

Please indicate when you prefer to be contacted to discuss your complaint:

_____ Day time (weekdays 8am-5pm) _____ Evening (weekdays 5pm-9pm)
_____ Weekend (Indicate best day and time: _____)

Your Complaint is filed Against (Podiatrist Name): _____

Address (if known): _____

City: _____ State: _____ Zip Code: _____

Are you the patient? _____ Yes _____ No **IF YES – Your date of birth:** _____

If you are not the patient, provide the following:

Patient Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

ACKNOWLEDGEMENT:

I hereby affirm that the information which I have provided herein and in the attached document(s) is true and correct to the best of my knowledge.

Signature

Date

NOTE: Please be advised that the podiatrist will be provided a copy of the complaint. In certain circumstances, the Board may redact complainant information if there is sufficient reason to believe that releasing the complainant's information would pose a substantial risk to the complainant.

Title II of the American's with Disabilities Act prohibits the Board of podiatry Examiners from discriminating on the basis of disability in its complaint investigation process. Individuals with disabilities who need this information in an alternate format or who require an accommodation to file the complaint may contact the Board's office by phone for assistance.