



State of Arizona Board of Chiropractic Examiners

5060 North 19th Avenue Suite 416 • Phoenix, Arizona 85015
Voice: (602) 864.5088 FAX (602) 864.5099
TTY (800) 367-8939 (AZ Relay Service)
www.azchiroboard.us

Janice K. Brewer
Governor

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Vice-Chairperson

James Badge, D.C.
Member

Norris Nordvold
Member

Frances A. Hanson
Member

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Patrice A. Pritzl
Executive Director

To Whom It May Concern:

Enclosed you will find the complaint form you requested. Please provide your name, address, daytime telephone number, as well as the name and address of the chiropractor. When writing your narrative, be sure to include dates of treatment and an explanation of what you feel the chiropractor did wrong. The information requested is essential in conducting a thorough investigation of the allegations. Failure to provide needed information may result in the return of your complaint form. You may include as many pages of comments and supporting documents as you feel are necessary.

Although the Board accepts anonymous complaints, state law requires that you provide your name. Your identity will be kept confidential from the general public however the Board may be compelled to release your name to the doctor involved in your complaint.

Upon receipt of your complaint, a copy will be sent to the chiropractor with instructions to respond in writing. A copy of the chiropractor's written response will be mailed to you for your review and at that time, you may provide additional comments to the Board. Your complaint will be placed on a future agenda for the Board to review and determine what action, if any, is necessary. You will be notified of the Board's meeting date, time, and location and are welcome to attend and discuss the complaint with the Board.

Please review the enclosed brochure which provides further details on the complaint process. If you have additional questions, you may contact the Board at 602.864.5088.

Sincerely,
Patrice Pritzl
Executive Director

Enclosure: Complaint form
Complaint Information Pamphlet

**STATE OF ARIZONA
BOARD OF CHIROPRACTIC EXAMINERS**

COMPLAINT FORM

| |
|----------------------------|
| Name: |
| Address: |
| City, State, and Zip Code: |
| Home Telephone #: |
| Work Telephone #: |
| Doctor's Name: |
| Doctor's Address: |
| Patient's Name: |

Please attach your written complaint, to this form and return to:

*State of Arizona Board of Chiropractic Examiners
5060 N. 19th Ave., Suite 416
Phoenix, AZ 85015*

I hereby request the Board of Chiropractic Examiners investigate my complaint against the above named Doctor of Chiropractic. I agree to testify under oath to the information given in this complaint, should the Board request me to do so.

Signature

Date

