South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
P.O. Box 11329 • Columbia, SC 29211
Phone: 803-896-4470 • Fax: 803-896-4656 • www.llronline.com/POL/Medical/

Complaint Form

***Please type or print legibly*.**

Complainant Information

(Individual filing complaint)

Name:_____

Address:_____
(Number and Street)

City: _____ State:_____ Zip Code:_____

Daytime Phone: (____)_____ Fax: (____)_____

Evening Phone: (____)_____

What is the best way to reach you? □Daytime Phone □Evening Phone □ E-mail: _____

Respondent Information

(Individual the complaint is filed against)

Board or Profession:_____

Name: _____
(Last) (First) (Middle Initial)

Business Name:_____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code:_____

Business Phone: _(____)_____

Please list all witnesses, providing names, addresses, and telephone numbers.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Statement of Complaint

Date and Location of Alleged Violation: _____

Please provide a statement of facts, allegations and/or, concerns. Attach a copy of each document you possess that can substantiate any facts in your complaint. These documents will not be returned. Please attach additional sheets, if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Have you attempted to contact the licensee concerning your complaint ___Yes ___No If yes, When?_____
What was the result?

_____
_____

By filing this initial complaint, I understand that pursuant to State law, Section 40-47-190 (A)(2), enacted June 9, 2005, the name of the initial complainant must be provided to the licensee who is the subject of the complaint, investigation, or proceedings unless the board, hearing officer, or panel determines there is good cause to withhold that information. If you believe there is good cause to withhold your name, attach documentation supporting your request.

I attest that the information provided is true, correct, and complete to the best of my knowledge.

_____ _____
Complainant Signature (Date)

_____ _____ _____
Notary Public (Expiration Date) (Date)

For Office Use Only
Date Received __/__/____ Receiving Board:_____
License Number_____ License Type_____
How Received _____ Date Reviewed __/__/____
Acknowledgement letter sent __/__/____ Category