STATE OF OREGON

Oregon Board of Chiropractic Examiners

3218 Pringle Road SE Suite 150

Salem, Oregon 97302-6311

The Board investigates and acts upon complaints against Doctors of Chiropractic if they involve violations of the Oregon Statutes concerning the Chiropractic Profession (ORS Chapter 684 and OAR Chapter 811).

All complaints made to the Board are thoroughly considered and often referred for substantive investigation. All spaces should be filled in as completely as possible. Whenever information is not known, please state that. If the Board decides to bring charges against a chiropractor and to hold a hearing thereon, advance notice must be given to the licensee to enable preparation of a defense. Therefore, in most cases, there is considerable time lapse between the filing of the complaint and the investigation and the hearing, if one is held. In all cases you will be advised as to the outcome of your complaint. If after investigation, the Board decides to proceed with formal action, you may be called upon to testify as a witness.

Please read all questions before you begin. Answer all of the questions, if possible.

1. Full name of person making complaint _____

2. Person's Home Address _____

   Person's City / State / Zip _____

3. Home Phone # _____ Work Phone # _____

   Personal Email: _____

4. Name of Chiropractor _____ DC's Phone # _____

5. Chiropractor's Office Address _____

   DC's City / State / Zip _____

6. a. Were you a patient of this chiropractor? YES ☐ NO ☐

   b. If so, from (date) _____ to (date) _____

7. For what condition were you being treated?

8. Have you discussed your problem with the chiropractor? YES ☐ NO ☐

   a. If yes, what was the outcome?

   b. If no, why? _____

9. Date(s) of incident(s) _____

10. Place(s) of incident(s) _____

11. Please submit copies of documents, etc. that will help in the investigation of this complaint.

12. State the names, addresses and telephone numbers of any **witnesses** to the incident(s)

13. State the names, addresses and telephone numbers of **any other person/s who have knowledge** of your complaint and/or the incident(s)

14. Have you registered this complaint to any other person or organization? YES ☐ NO ☐

To whom?

15. Will you consent to release to this Board (or its designated investigating body) chiropractic reports and records relating to you and to this occurrence from any hospital, related institution or chiropractor including the chiropractor complained of?

YES ☐ NO ☐

If not, why? _____

16. Please state your **specific** complaint. Be as brief and to the point as possible. You will be given the opportunity to explain the details and circumstances of your complaint in section 17 below.

17. Please write a narrative account of the incident, providing as many details as possible. Include the circumstances leading to the incident, as well as anything of importance which occurred after the incident. Use additional pages as needed. Please write in first person, past tense (i.e. "I went to the doctor.")

Continued . . .

NOTE: If you are completing this form on line, please continue to write in your narrative. If you write in more than the page allows, a scroll bar will begin to show. The text should print even if you cannot see ALL of it.

I HEREBY DECLARE AND AFFIRM under the penalties of perjury that the matters and facts set forth in the foregoing complaint are true and correct, to the best of my knowledge, information and belief.

SIGNATURE_____ **DATE** _____

Print Form to Mail

Return the Complaint Form to:

Oregon Board of Chiropractic Examiners
3218 Pringle Road S.E., Suite 150
Salem Oregon 97302-6311
or FAX to (503) 362-1260