

NEW MEXICO MEDICAL BOARD COMPLAINT FORM

The New Mexico Medical Board's jurisdiction is limited to the licensing and discipline of medical doctors, physician assistants, naprapaths, sleep techs, genetic counselors, and anesthesiologist assistants <u>only</u>. The Board's jurisdiction is limited to violations of the New Mexico Medical Practice Act, Board Regulations and AMA Code of Ethics.

If you wish to file a complaint against a licensee, please complete the information below:

Person filing the o	complaint:		
Name:			
Mailing Address: _			
City:		State:	Zip Code:
Telephone Numbe	er where you wish to be	contacted during	g business hours:
Patient Informati			
Name of Patient:			
Patient's Date of I	Birth:	(Requ reco	uired in order for us to obtain medic ords)
Please state your	relationship to the pation	ent:	
	whom complaint is beir		
Full name of Licer	nsee (required):		
Office Address:			
	((Street Address)	
Citv:	State:		Zip Code:

Summary of allegation(s): (Please print clearly and include as much detail and	timeline of the incident as possible)
Signature of Complainant Please submit your complaint via one of these opti	Date ons:

Fax: (505) 476-7237

Email: nmbme@state.nm.us

U.S. Mail: New Mexico Medical Board, 2055 S. Pacheco Building 400, Santa Fe, NM 87505

Please note that a copy of your complaint will be provided to the licensee for the purpose of obtaining a response to the allegation(s) being made against him/her.