

**Douglas A. Ducey**  
Governor



**Mario Fontes L.Ac.**  
Chairman

**Mindy Hayden, L.Ac.**  
Secretary

**Acupuncture Board of Examiners**

1740 W. Adams, Ste 3005  
Phoenix, Arizona 85007  
Telephone (602) 542-3095 • Fax (602) 926-8104

**David Geriminsky**  
Executive Director  
director@acupunctureboard.az.gov

**COMPLAINT FORM**

**Instructions:** Please type or print clearly in the following fields and please summarize your allegations on page two of this complaint form, describing in detail your experience with the Acupuncturist. It is helpful if you include dates of service, names and addresses of witnesses, copies of medical and/or billing records and any other documentation related to your complaint. A.R.S. 32-3225

**1. Complainant information (person filing complaint):**

Name: \_\_\_\_\_  
(Or name of patient, if filing on behalf of patient)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Acupuncturist (who the complaint is against):**

Acupuncturist Name: \_\_\_\_\_ License No. (if known): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Have you advised the acupuncturist of your concern/complaint?**

**4. Have you and/or the acupuncturist attempted to resolve your concerns?**

**5. If the acupuncturist receives disciplinary action because of your complaint, are you requesting the Board to impose that the Acupuncturist reimburse fees paid by you or on your behalf?**

**ACKNOWLEDGMENT**

I hereby state that all information given herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature Date

PLEASE NOTE: The acupuncturist/licensee will be furnished a copy of the complaint. However, if the disclosure of your name will pose a risk to you, a copy of the complaint with redacted identification information may be provided, but may make it difficult to fully adjudicate the matter. If in the Board's discretion, there is a risk of identification, the Board reserves the right to refuse furnishing a copy of the complaint. The Board may request a copy of the medical records from the acupuncturist to determine if a violation of state statutes or rules occurred.

## **Summary of Allegations**