



# Texas Board of Chiropractic Examiners

333 Guadalupe St, Suite 3-825, Austin, TX 78701



## COMPLAINT FORM

### COMPLAINT FILED AGAINST

Name of Chiropractor:

Address:

City:

State:

Zip Code:

Business Phone Number:

### PERSON FILING COMPLAINT \*See Guide

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Business Phone:

E-Mail:

### PATIENT OR PERSON HARMED BY THE CHIROPRACTOR:

Name:

Date of Birth (m/d/yyyy):

Texas Board of Chiropractic Examiners  
Compliance and Investigations Division  
333 Guadalupe, Suite 3-825  
Austin, Texas 78701-3924  
(512) 305-6705 (fax)

**Details of Complaint:**

Describe your complaint in detail and the events that led to it. Include specific dates, location of treatment, therapies prescribed or used. You may use additional paper or submit other documents to clarify the information given. (See attached Records Release Form for complaints involving billing or quality of care issues).

**Second Opinion:**

Have you received a second opinion from another healthcare provider?  Yes  No

If yes, please give full name and address.

Healthcare Provider Name:

Address:

City:

State:

Zip Code:

I have read the preceding, and it is true to the best of my information and belief. If my complaint would be more appropriately addressed by a different agency or entity, I authorize the Board to forward my complaint to that agency or entity. I understand if I do not provide the information necessary to conduct an investigation that this complaint will not be processed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (m/d/yyyy)

Complete and send to [complaints@tbce.state.tx.us](mailto:complaints@tbce.state.tx.us), or fax or mail:

Texas Board of Chiropractic Examiners  
Compliance and Investigations Division  
333 Guadalupe, Suite 3-825  
Austin, Texas 78701-3924  
(512) 305-6705 (fax)

For additional information, please visit:

[www.tbce.state.tx.us](http://www.tbce.state.tx.us) or call  
(512) 305-6708

# Complaint Guide

Complete all parts of the form clearly. Illegible complaints may be returned. Email, mail, or fax the completed form to the Board.

## **1. What is the Texas Board of Chiropractic Examiners?**

The Texas Board of Chiropractic Examiners (Board) is a state regulatory agency. The Board's functions are to oversee the state examination given to those who wish to practice chiropractic in Texas, license individuals seeking to practice in Texas, and enforce the laws regulating the practice of chiropractic.

## **2. What happens after the Board receives my complaint?**

The Board will acknowledge receipt of your complaint and review the allegations. If there is sufficient evidence to warrant an investigation, the Board will notify the chiropractor of the allegations and request a written response. If the complaint does not substantiate a violation, the complaint will be closed. Please note that the investigation may require disclosure of your name (or require a medical record release).

## **3. What happens after the Board receives a response from the chiropractor?**

The Director of Compliance & Investigations will investigate your complaint and make a recommendation to the Enforcement Committee. The Enforcement Committee will then decide whether a violation has occurred and, if so, recommend a final disposition to the full Board.

After the investigation, if the Board finds a violation of Texas Occupations Code Chapter 201 or 22 Texas Administrative Code Chapters 71 - 82, it may take a number of actions ranging from a reprimand to revocation of the chiropractor's license. If the Board finds no violation occurred, the complaint will be closed. You will be notified of the Board's actions.

The Board will keep in contact with you during the process. Our practice is to notify you when there is any change in the status of your complaint.

## **4. How long will the complaint process take?**

The majority of complaints are resolved in 3-6 months.



# TEXAS BOARD OF CHIROPRACTIC EXAMINERS

*Compliance and Investigations Division*

*Records Release Form*

333 Guadalupe, Ste. 3-825  
Austin, TX 78701

phone: (512) 305-6700  
fax: (512) 305-6705

I, \_\_\_\_\_, hereby authorize Dr. \_\_\_\_\_ and any other health care provider that has provided health care to me in connection with the treatment that is the subject of this complaint or any complications rising therefrom, to provide the Texas Board of Chiropractic Examiners (Board) or its authorized representatives, any and all information relevant to me or my dependent's physical condition, treatment records, billing records, which may be requested including but not limited to reports, evaluations, x-rays or other diagnostic tools, prescriptions, progress notes, order sheets, admission forms, laboratory reports, nurses reports and consultation reports for:

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Social Security Number

\_\_\_\_\_  
Patient's Date of Birth (m/d/yyyy)

I understand that the information released will be part of the Board's investigative file and that such information is confidential as provided in Texas Occupations Code Chapter 201.

I agree that a photocopy of this authorization and signature has the same force and effect as the original.

The authorization is limited in neither time nor medical subject area.

This authorization shall act as a revocation of any and all releases provided to the Board involving the subject matter of this release which I may have signed prior to the effective date here.

\_\_\_\_\_  
*Signature of Authorizing Person*

\_\_\_\_\_  
*Date (m/d/yyyy)*