



National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®)

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Jacksonville, Florida 32258

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Complaint Form for Professional Ethics Violation

Complainant Information

First Name:		Last Name:	
Home Phone:		Work Phone:	
Street Address:		City:	
State:	Zip:	E-Mail Address:	

Who or what agency/organization do you believe committed this violation?

Person/Agency/Organization:		
Street Address:		City:
State:	Zip:	Phone:

Nature of Complaint: (Check all that apply)

<input type="checkbox"/> False Advertising/Misleading Information	<input type="checkbox"/> Cheating/Examination Irregularity
<input type="checkbox"/> Boundary Violations/Unprofessional Conduct	<input type="checkbox"/> Malpractice/Negligence
<input type="checkbox"/> Unlicensed Activity	<input type="checkbox"/> Criminal Conviction
<input type="checkbox"/> Fraud	<input type="checkbox"/> Fitness to Practice
<input type="checkbox"/> Others: (Violation not listed above)	



Have you attempted to contact the practitioner concerning your complaint?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, what was the practitioner's response to the complaint?

Briefly describe the facts of your complaint. Please attach a clear and concise description of the nature of your complaint (complaint letter), include facts, reports, dates, court documents, legal documents, medical documents and any other documents that will support your complaint:

Have you filed a complaint with the appropriate State Agency regarding this matter? If yes, which agency? If not, please file a complaint and attach copy of the complaint report:



AUTHORIZATION FOR RELEASE

I understand that signing this authorization is voluntary. I understand that the release of these records and this information is for the purpose of investigation and proceedings involving issues relating to the complaint I have submitted to the National Certification Commission of Acupuncture and Oriental Medicine. I also consent to the release of these records to the State Board of Acupuncture or other regulatory agency as appropriate for use in an investigation or proceeding against the practitioner who is the subject of my complaint. I further consent to the use of these records in a criminal investigation or proceeding by any law enforcement agency against the practitioner who is the subject of my complaint

Patient Name (Please Print)

Patient Signature

I HEREBY ATTEST THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM COMPETENT TO MAKE THESE STATEMENTS.

Date of Complaint

Signature of Complainant

“The NCCAOM® Professional Ethics and Disciplinary Committee (PEDC) has the authority to investigate complaints received and to impose sanctions on NCCAOM® Diplomates. Please refer to the NCCAOM® Procedures for Upholding Professional Conduct to understand the process and timeline for evaluating complaints received against NCCAOM® Diplomates”

If you have questions about the complaint process, contact Rebecca Cassidy at NCCAOM®'s Professional Ethics Department either by phone 904-674-2468 or by email at rcassidy@thenciaom.org