



KANSAS STATE BOARD OF HEALING ARTS

800 SW Jackson, Lower Level-Suite A
Topeka, Kansas 66612
(785) 296-7413 or
(785) 368-7103 (FAX)
www.ksbha.org

COMPLAINT FORM

INSTRUCTIONS:

- **Your complaint is critical to the mission of the Kansas State Board of Healing Arts (“Board”) as it assists us in protecting the public by informing us of any possible violations. The Board has jurisdiction over the following persons licensed in Kansas:**

MD (Medical Doctor)	PA (Physician Assistant)	OTA (Occupational Therapist Assistant)
DO (Osteopathic Doctor)	PT (Physical Therapist)	RT (Respiratory Therapist)
DC (Chiropractor)	PTA (Physical Therapy Assistant)	AT (Athletic Trainer)
DPM (Podiatrist)	LRT (Radiologic Technologists)	LAc (Licensed Acupuncturists)
ND (Naturopathic Doctor)	OT (Occupational Therapist)	Independent Certified Nurse Midwives (CNM-I)
CLD (Contact Lens Distributors)	Corporate Practice of Medicine (CPM)	

- **Please print or type legibly. Please furnish all identifying information (to include full names and addresses) for all licensees, complainants, patients, and facilities involved in the complaint.**
- **Additional pages may be added if necessary. Attach copies of any documents you have concerning the allegations.**
- **Do not send the originals or your only copy of any document because we cannot return your documents.**
- **The Board does not represent individuals, nor obtain compensation on behalf of individuals. Each person is free to seek legal representation if they believe it is necessary. Board investigations and reviews are not subject to discovery by private litigants. Only public action will be disclosed to the complainant and/or the public.**
- **In certain circumstances, a copy of your complaint may be provided to the Licensee identified in your complaint for a review and response to the Board.**
- **The Board is required to review all complaints received. Once submitted, the complaint generally cannot be rescinded.**
- **If you have any questions regarding the functions of the Board, please call (785) 296-7413.**

PRACTITIONER(S) AGAINST WHOM ALLEGATION IS MADE: (Please include the first name, last name, and appropriate title):
(M.D., D.O., D.C., D.P.M., N.D., P.A., P.T., P.T.A., L.R.T., O.T., O.T.A., R.T., A.T., L.Ac., C.L.D., C.N.M.-I)

NAME/PROFESSION:

NAME/PROFESSION:

ADDRESS:

ADDRESS:

PHONE:

PHONE:

PERSON MAKING COMPLAINT: (Please notify this agency if the following information changes.)

NAME: First Middle Last Other Names Used

ADDRESS: Street City State Zip Code

RELATIONSHIP TO PATIENT: HOME PHONE:

WORK PHONE: E-MAIL ADDRESS:

PATIENT INFORMATION (if different than above):

 First Middle Last Other Names Used

ADDRESS: Street City State Zip Code

HOME PHONE: WORK PHONE:

EMAIL ADDRESS: DATE OF BIRTH: MM/DD/YYYY

FACILITIES INVOLVED IN THE INCIDENT: (Hospitals, Nursing Homes, Clinics, Etc.)

FACILITY: FACILITY:

ADDRESS: ADDRESS:

PHONE: PHONE:

WITNESS(ES) TO THE INCIDENT: (If known.)

NAME: NAME:

ADDRESS: ADDRESS:

PHONE: PHONE:

COMPLAINT (OR ALLEGATION) STATEMENT

You will be contacted by the Board if clarification or additional information is needed, please provide a **concise account of your major concerns related to the Licensee** listed on your complaint form. Please describe in detail all allegations against the practitioner(s) **including specific dates of service**. When formulating your narrative, remember to include details specific to your allegations such as the who, what, when, and where. Use additional sheets if necessary.

DATE OF INCIDENT:

PATIENT'S NAME:

MM/DD/YYYY

DATE:

SIGNED:

MM/DD/YYYY

OTHER STATE REGULATORY AGENCIES/BOARDS

<p>Kansas State Board of Nursing Landon State Office Building 900 SW Jackson, Suite 1051 Topeka, KS 66612 (785) 296-4929</p>	<p>Kansas Department for Aging and Disability Services KDADS Complaint Program New England Building 503 S. Kansas Ave. Topeka, KS 66603-3404 (800) 842-0078</p>
<p>Kansas Behavioral Sciences Regulatory Board Eisenhower State Office Building 700 SW Harrison St., Suite 420 Topeka, KS 66603 (785) 296-3240</p>	<p>KS Dept of Health & Environment – Health Facilities Program Curtis State Office Building 1000 SW Jackson, Suite 330 Topeka, KS 66612 (800) 842-0078</p>
<p>Kansas State Board of Examiners in Optometry 3109 W 6th St., Ste. A Lawrence, KS 66049 (785) 832-9986</p>	<p>Kansas Board of Pharmacy 800 SW Jackson, Suite 1414 Topeka, KS 66612 (785) 296-4056</p>
<p>Kansas State Board of Mortuary Arts 700 SW Jackson, Suite 904 Topeka, KS 66603 (785) 296-3980</p>	<p>Kansas Insurance Department 1300 SW Arrowhead Rd. Topeka, KS 66604 (785) 296-3071</p>
<p>Kansas Dental Board Landon State Office Building 900 SW Jackson, Room 455-S Topeka, KS 66612 (785) 296-6400</p>	<p>Kansas Attorney General Memorial Hall 120 SW 10th, 2nd Floor Topeka, KS 66612 (785) 296-2215 (Main) (785) 296-3751 (Consumer Protection Division) (785) 296-2359 (Crime Victims Compensation Board)</p>
<p>Kansas Board of Cosmetology 714 SW Jackson, Suite 100 Topeka, KS 66603 (785) 296-3155</p>	<p>Kansas Department of Corrections 714 SW Jackson, Suite 300 Topeka, KS 66603 (785) 296-3317</p>