Michael L. Parson
Governor
State of Missouri

Sheila Solon, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

CENTRAL INVESTIGATIONS UNIT
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
Telephone: 573-526-0162
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
E-mail: central.investigations@pr.mo.gov
Web Site: http://www.pr.mo.gov/

To: Complainant

From: Central Investigations Unit

Re: Instructions and Explanation of Complaint System

Enclosed is a packet containing a two page uniform complaint form and an Authorization to Use and Disclose Protected Healthcare Information form (Authorization). Please explain your allegations thoroughly by typing or neatly writing them within the narrative sheet on the second page, and including any documentation you may have pertaining to the complaint. In the event you need to provide large media files, you may place them on a CD or transfer them via Dropbox. If all the forms are not returned or returned incomplete, the processing of your complaint may be delayed.

In order for the licensee to release any information regarding healthcare services provided to you or your dependent(s), please complete and sign the attached Authorization. The Authorization must include the name of the provider/licensee (not your health insurance provider), your signature, and the current date.

The licensee (respondent) will receive a copy of the completed complaint packet and will be instructed to respond within thirty (30) days to the complaint you have filed, unless an extension is granted.

Upon receiving a response from the licensee, your complaint will be reviewed by the Central Investigations Unit to make sure all relevant information is included in the complaint file and sent to the appropriate licensing agency.

Lastly, you will be notified in writing of the results of the review. Please understand that details relating to the investigation, such as the licensee's response, or statements made connection to the investigation and review process are confidential.

Please send the complaint form, Authorization form(s), and any pertinent documents to the attention of: Chief Investigator, Division of Professional Registration, Post Office Box 1335, Jefferson City, MO 65102. Alternatively, complaints may be emailed to central.investigations@pr.mo.gov or faxed to 573-751-5450.

Save Print Reset

CENTRAL INVESTIGATION UNIT
POST OFFICE BOX 1335
JEFFERSON CITY, MO 65102
TELEPHONE (573) 526-0162
FAX (573) 751-5450
TDD 800-735-2966

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
UNIFORM COMPLAINT

Section 575.060 — False Declarations. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor. PLEASE TYPE OR PRINT IN BLACK INK

I WOULD LIKE TO FILE MY COMPLAINT WITH THE FOLLOWING BOARD:

- ☐ BEHAVIOR ANALYST ADVISORY BOARD
- ☐ BOARD FOR OCCUPATIONAL THERAPY*
- ☐ BOARD FOR RESPIRATORY CARE*
- ☐ BOARD OF CHIROPRACTIC EXAMINERS*
- ☐ BOARD OF EMBALMERS AND FUNERAL DIRECTORS
- ☐ BOARD OF EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS*
- ☐ BOARD OF GEOLOGISTS REGISTRATION
- ☐ BOARD OF PODIATRIC MEDICINE*
- ☐ BOARD OF PRIVATE INVESTIGATOR EXAMINERS
- ☐ BOARD OF THERAPEUTIC MASSAGE*
- ☐ COMMITTEE FOR PROFESSIONAL COUNSELORS*
- ☐ COMMITTEE FOR SOCIAL WORKERS*
- ☐ COMMITTEE OF DIETITIANS*
- ☐ COMMITTEE OF INTERPRETERS*
- ☐ COMMITTEE OF MARITAL AND FAMILY THERAPISTS*
- ☐ COMMITTEE OF PSYCHOLOGISTS*
- ☐ INTERIOR DESIGN COUNCIL
- ☐ OFFICE OF ATHLETICS
- ☐ OFFICE OF ENDOWED CARE CEMETERIES
- ☐ OFFICE OF TATTOOING, BODY PIERCING & BRANDING
- ☐ REAL ESTATE APPRAISERS COMMISSION
- ☐ OTHER _____

*** YOU MUST COMPLETE THE ATTACHED RELEASE FORM FOR THE BOARD, COMMISSION OR COMMITTEE MARKED WITH AN ASTERISK (*). WITH THE RELEASE FORM SIGNED THE CENTRAL INVESTIGATIONS UNIT CAN OBTAIN YOUR MEDICAL OR THERAPEUTIC RECORDS.**

INFORMATION ABOUT YOU

YOUR NAME	TELEPHONE (DAYTIME)	CELL	TELEPHONE (EVENING)

ADDRESS (STREET, CITY, STATE, ZIP)	YOUR OCCUPATION

PREFERRED CONTACT	TELEPHONE	CELL	EMAIL

INFORMATION ABOUT LICENSEE OR PERSON PRACTICING WITHOUT A LICENSE

PERSON NAME AND/OR COMPANY	TELEPHONE

ADDRESS (STREET, CITY, STATE, ZIP)	PROFESSION	LICENSE NO. (IF KNOWN)

	YES	NO
HAVE YOU CONTACTED LICENSEE OR UNLICENSED INDIVIDUAL ABOUT YOUR COMPLAINT? IF YES, DATE _____	☐	☐
HAVE YOU HAD A PROFESSIONAL OR SOCIAL RELATIONSHIP WITH THE PERSON YOU ARE FILING THE COMPLAINT AGAINST? IF SO, PLEASE EXPLAIN _____	☐	☐

	YES	NO
HAVE YOU CONTACTED AN ATTORNEY?	☐	☐
HAS A LAWSUIT BEEN FILED?	☐	☐
IT MAY BE NECESSARY FOR YOU TO TESTIFY AT A HEARING. ARE YOU WILLING TO TESTIFY?	☐	☐

ALL PERTINENT DOCUMENTS NEED TO BE ATTACHED

NAME OF YOUR PRIVATE ATTORNEY (IF APPLICABLE)	TELEPHONE

ADDRESS (STREET, CITY, STATE, ZIP)

WITNESS: IF WITNESSES ARE LISTED, PLEASE PROVIDE CONTACT INFORMATION

NAME	ADDRESS AND TELEPHONE NUMBER

DETAILS OF COMPLAINT

GIVE FULL DETAILS OF YOUR COMPLAINT. Be specific. What happened? When? **USE BLACK INK.** Type or print legibly. Use additional sheets if necessary. Please attach all pertinent documents regarding this complaint.

☐ Check here if you have included additional sheets or other materials.

NOTICE: All complaints must be signed. Such signature also authorizes the Board/ Committee/Commission to release a copy of the complaint to the licensee who is the subject of the complaint.	SIGNATURE ▶	DATE