



Texas Board of Chiropractic Examiners

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



COMPLAINT FORM

COMPLAINT REGISTERED AGAINST

Name of Practitioner/Facility:

Address:

City:

State:

Zip Code:

Business Phone Number:

PERSON REGISTERING COMPLAINT *See Guide

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Business Phone:

E-Mail:

PATIENT/PERSON HARMED BY THE PRACTITIONER:

Name:

Date of Birth (m/d/yyyy):

Details of Complaint:

Describe your complaint in detail and the events that led to your complaint. Include dates and location of treatment, therapies prescribed or utilized. You may use additional paper and/or provide 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.

Practitioner 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 TBCE to forward my complaint to that agency or entity. I understand that if I do not provide reasonably specific information necessary to conduct an investigation that this complaint will not be processed.

Signature
(Electronic signature acceptable)

Date (m/d/yyyy)

Complete and email to complaints@tbce.state.tx.us, or fax or mail to:

**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
or call (512) 305-6708**

Complaint Guide

Complete all applicable fields clearly. Please note that illegible complaints may be returned. Forms can be **emailed, mailed** or **faxed** to this agency at the contact information provided on Page 2 of the form.

1. What is the Texas Board of Chiropractic Examiners?

The Texas Board of Chiropractic Examiners (TBCE), created by the Texas Legislature in 1949, is a regulatory agency. The agency functions are:

- Oversee the State Board examination given to qualified applicants who wish to practice chiropractic in the State of Texas.
- Annually register Chiropractors holding a Texas license.
- Aid in enforcing the laws of the state regulating the practice of chiropractic.

2. What happens after my complaint is received by the board?

The TBCE will acknowledge receipt of your written complaint and review the allegations. If there is sufficient evidence to sustain further investigation, the TBCE will notify the chiropractor(s) of the allegations and request a written response. If the complaint does not substantiate a violation, the complaint will be closed. *Note that further investigation and resolution may require disclosure of your name (or require a medical record release), of which you will be notified.

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

The Director of Compliance & Investigations will investigate your complaint and recommend a disposition to the Executive Director (ED) or the Enforcement Committee (comprised of two doctors of chiropractic and one public member). The ED or Enforcement Committee will then decide whether a violation has occurred and if so, recommend a final disposition to the full Board.

The TBCE will be in contact with you throughout the enforcement process (standard practice is a written notification upon any status change) and will keep you informed of its actions.

After the investigation, if the Enforcement Committee finds a violation of the Chiropractic Act or Texas Administrative Code, the Committee may take a number of actions ranging from a reprimand to revocation of the Chiropractor's license. Cases where the Enforcement Committee finds no violation, or no jurisdiction, will be closed. You will be notified of the Enforcement Committee's actions.

4. How long will the complaint process take?

The majority of complaints are resolved in approximately 3-6 months. We are committed to ensuring that all decisions are made after a full and fair investigation.



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 (TBCE) 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 TBCE investigative file and that such information is confidential as provided in the Chiropractic Act.

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 TBCE involving the subject matter of this release which I may have signed prior to the effective date here.

Signature of Authorizing Person
(Electronic signature acceptable)

Date (m/d/yyyy)