North Dakota Medical Imaging and Radiation Therapy Board
2900 East Broadway Ave. Suite #3 Bismarck, ND 58501
info@ndmirtboard.com Phone: 701-425-0861 www.ndmirtboard.com

COMPLAINT FORM

(Please print legibly)

Today's Date: _____

Name of Person Submitting this Complaint: _____

Have you filed any previous complaints with this Board? YES _____ NO _____

Contact Information of Person Submitting this Complaint:

_____
Mailing Address

_____ _____ _____
City State Zip

_____ _____
Phone # Email Address

_____
Name of Medical Imaging Professional about whom you are complaining

_____
Name of Patient involved in the Incident which gives rise to this complaint

_____
Place (Hospital/Clinic, etc.) Where the Incident giving rise to this complaint occurred

Date(s) of the Incident giving rise to this complaint: _____

Have you communicated your complaint to the Medical Imaging Professional or Employer? YES ____ NO ____ If yes, on what date and by what means: _____

_____

Did the Medical Imaging Professional or Employer respond? YES ____ NO ____ If yes, what was said or done? _____

Have you seen a medical provider(s) prior to or after in connection with this complaint? YES ____ NO ____ If yes, please provide the name, address and phone number of the practitioner(s). _____

_____ **Date:** _____

Signature of Person Submitting this Complaint: ***I hereby declare that all of the information I have provided with this form is true and correct.***

OFFICE USE ONLY: Date received _____ Complaint number _____

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Please describe the conduct or incident about which you are complaining. It is important to be as specific as is reasonably possible.
Please provide copies of documents pertinent to your complaint including contracts, photographs, x-rays, and patient records, insurance records, etc.
If you are in possession of medical records or any other documentation which supports your allegations, you should attach copies of those items to this form.
You may use the following lined pages to print (legibly) your information, or you may attach a typed description.

OFFICE USE ONLY: Date received _____ Complaint number _____