



**NEW MEXICO MEDICAL BOARD  
COMPLAINT FORM**

The New Mexico Medical Board's jurisdiction is limited to the licensing and discipline of medical doctors, physician assistants, naprapaths, sleep techs, genetic counselors, and anesthesiologist assistants only. The Board's jurisdiction is limited to violations of the New Mexico Medical Practice Act, Board Regulations and AMA Code of Ethics.

If you wish to file a complaint against a licensee, please complete the information below:

**Person filing the complaint:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number where you wish to be contacted during business hours: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Email Address \_\_\_\_\_

-----  
**Patient Information:**

Name of Patient: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ (Required in order for us to obtain medical records)

Please state your relationship to the patient: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

-----  
**Licensee against whom complaint is being filed:**

Full name of Licensee (required): \_\_\_\_\_

Office Address: \_\_\_\_\_

(Street Address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

