



Public Protection Through Quality Credentials

National Certification Commission  
for Acupuncture and Oriental Medicine (NCCAOM)  
76 South Laura Street, Suite # 1290  
Jacksonville, Florida 32258  
Phone: (904) 598-1005  
Fax: (904) 598-5001  
E-mail: [rgrover@nccaom.org](mailto:rgrover@nccaom.org)

### Complaint Form for Professional Ethics Violation

#### Complainant Information

FIRST NAME:		LAST NAME:	
HOME PHONE: (     )		WORK PHONE: (     )	
STREET ADDRESS:		CITY:	
STATE:	ZIP:	E-MAIL ADDRESS (If available):	

#### Who or what agency/organization do you believe committed this violation?

PERSON/AGENCY/ORGANIZATION:		
STREET ADDRESS:		CITY:
STATE:	ZIP:	PHONE: (     )

#### Nature of Complaint: (Check all that apply)

<input type="checkbox"/> False Advertising/Misleading Information	<input type="checkbox"/> Cheating/Examination Irregularity
<input type="checkbox"/> Boundary Violations/Unprofessional Conduct	<input type="checkbox"/> Malpractice/Negligence
<input type="checkbox"/> Unlicensed Activity	<input type="checkbox"/> Criminal Conviction
<input type="checkbox"/> Fraud	<input type="checkbox"/> Fitness to Practice
<input type="checkbox"/> Others: (Violation not listed above)	

#### Have you attempted to contact the practitioner concerning your complaint?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## AUTHORIZATION FOR RELEASE

I understand that signing this authorization is voluntary. I understand that the release of these records and this information is for the purpose of investigation and proceedings involving issues relating to the complaint I have submitted to the National Certification Commission of Acupuncture and Oriental Medicine. I also consent to the release of these records to the State Board of Acupuncture or other regulatory agency as appropriate for use in an investigation or proceeding against the practitioner who is the subject of my complaint. I further consent to the use of these records in a criminal investigation or proceeding by any law enforcement agency against the practitioner who is the subject of my complaint

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Patient **Name** (Please Print)

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Patient **Signature**

I HEREBY ATTEST THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM COMPETENT TO MAKE THESE STATEMENTS.

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Date of Complaint

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Signature of Complainant

*“The NCCAOM Professional Ethics and Disciplinary Committee (PEDC) have the authority to investigate complaints received and to impose sanctions on NCCAOM Diplomates. Please refer to the NCCAOM Procedures for Upholding Professional Conduct to understand the process and timeline for evaluating complaints received against NCCAOM Diplomates”*

If you have questions about the complaint process, contact Ritika Grover at NCCAOM’s Professional Ethics Department either by phone 904-674-2473 or by email at [rgrover@nccaom.org](mailto:rgrover@nccaom.org)