

## COMPLAINT INFORMATION

The Minnesota Board of Chiropractic Examiners (Board) has received your request for information regarding submission of a complaint against a doctor of chiropractic.

The MBCE is a State agency created by the Minnesota legislature to regulate and enforce the statutes which govern the practice of chiropractic. These statutes are collectively called The Chiropractic Practice Act. Upon receipt of a complaint against a licensee of this Board, the Board reviews the facts of the case in order to determine whether the licensee has violated the Chiropractic Practice Act.

The Board is authorized to obtain records, to confer with consultants about whether standards were met, and to refer the matter to the Attorney General for investigation. Once facts are gathered, one of the Board's three complaint panels will review the matter thoroughly. They will decide whether there has been a violation that requires action, to dismiss the complaint based insufficient evidence to prove a violation, or refer to another agency if there appears to be a possible violation which does not fall within our authority. To proceed, the complaint must be both jurisdictional and supported by evidence that would convince a reviewing court or an administrative law judge that a violation has occurred. The Board does not have the authority to handle fee disputes, personal conflicts, or to award damages.

In their review, the panels are assisted and advised by a representative of the Attorney General's Office.

### COMPLAINT PROCESS

Following is a summarized overview of MBCE's complaint registration process for your information.

Step 1: The MBCE receives a written complaint and signed waiver authorization against a doctor of chiropractic. A complainant may remain anonymous, however, depending on the nature of the allegations, this may limit the Board's ability to investigate the allegations.

Step 2: The MBCE sends a letter of acknowledgement to the complainant (the person filing the complaint) and a request for a signed waiver if one is needed for the investigation and was not received with the original complaint.

Step 3: MBCE staff will request a written response from the treating chiropractor along with healthcare records or other documentation as necessary. In the alternative, some sensitive issues will require that the MBCE initiate an investigation without prior notification to the doctor. Professional investigators are assigned from the Attorney General's Office. Investigations and resolutions by their nature may take a considerable amount of time, possibly even years. If the review or investigation requires a lengthy time period, a status letter is sent to the complainant.

Step 4: The complaint is assigned to one of three panels for review. If determined non-jurisdictional, the complaint is dismissed by the MBCE and/or referred to an appropriate state regulatory agency for their review. If a violation is determined, appropriate action is taken. The complainant is notified of the dismissal, referral, or any action taken by the Board. Action taken against a licensee may consist of a warning, reprimand, suspension, fine, and in the most severe cases, even revocation of the license.

You may find out if there has been disciplinary action against your doctor's license in the past on our web page, see web address below, or by calling the Board office.

## COMPLAINT REGISTRATION

### SUBJECT OF COMPLAINT

The MBCE requires the name and address of the doctor in question. We are unable to identify the subject of a complaint with only the name of the clinic. The Board regulates licensed doctors not facilities or clinics.

### COMPLAINANT

The person filing a complaint is the complainant. The MBCE needs your name and address for correspondence and the possible need for additional information. Without this information, we are unable to notify you of the final determination of your complaint and may not be able to pursue your complaint.

### STATEMENT OF COMPLAINT

Please describe briefly but concisely all the facts pertaining to your complaint. Include relevant names, dates, times, places. Submit with the complaint any documentation you may have which supports your complaint. Use additional pages if necessary. You may call this office for assistance in determining whether the allegation is a violation of the Chiropractic Practice Act and the best way to convey your complaint.

### SIGNATURE OF COMPLAINANT

Please sign and date the complaint registration form and mail it to the address at the bottom of this letter. Include with the complaint your signed waiver authorization or indicate in the complaint that you wish to remain anonymous.

Remaining anonymous may limit the Board's ability to investigate the allegations and obtain records.

The complaint waiver will permit the MBCE to release a copy of the complaint to the doctor for her / his response to the allegations. It is not legally necessary for you to sign the enclose waiver; your complaint will be evaluated whether or not you sign.

### NOTARIZATION

If this complaint proceeds to a disciplinary hearing, a notarization may be required. You will be notified in writing if this is necessary.

THIS INFORMATION IS PROVIDED  
PURSUANT TO THE MINNESOTA  
GOVERNMENT DATA PRACTICE ACT  
NOTICE.

Please feel free to contact the Minnesota Board of Chiropractic Examiners if you have any questions or concerns regarding your complaint.



Ronald W. Arnold  
Health Program Representative  
651-201-2849

**MINNESOTA BOARD OF CHIROPRACTIC EXAMINERS  
COMPLAINT REGISTRATION FORM**

\_\_\_\_\_  
First & Last Name of subject doctor (not clinic)

\_\_\_\_\_  
Name of complainant (CP)

\_\_\_\_\_  
DC street address

\_\_\_\_\_  
CP street address

\_\_\_\_\_  
DC city/state/zip

\_\_\_\_\_  
CP city/state/zip

\_\_\_\_\_  
DC phone

\_\_\_\_\_  
CP phone

\_\_\_\_\_  
CP email

I understand that I am not legally required to complete or return this form. It is offered so that the Board may properly and thoroughly evaluate and investigate this complaint, and if necessary, submit this information in legal proceedings. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board, to disclose this information to those whom they reasonably believe have a need to know.

Note: Your complaint must be in writing, signed, and dated. You may indicate in your complaint that you wish to remain anonymous with regard to the subject of your complaint; however, this may impact our ability to investigate your allegations.

Statement of complaint; you may attach a typewritten statement to this cover page.

\*\*\*\* Tab to continue on next page if necessary \*\*\*\*

By my signature, I herewith affirm that the statements contained in this complaint are true and accurate to the best of my knowledge and based upon my own personal information and experience.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Mail your complaint to:  
**Minnesota Board of Chiropractic Examiners,  
335 Randolph Ave, Suite 280, Saint Paul MN 55102**

Or email to:  
**Ronald.arnold@state.mn.us**

\_\_\_\_\_  
name of chiropractor (not clinic)

\_\_\_\_\_  
name of complainant

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By my signature, I herewith affirm that the statements contained in this complaint are true and accurate to the best of my knowledge and based upon my own personal information and experience.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Attach additional sheets if necessary.

**NOTICE:**

The purpose of the waiver authorization is for the Minnesota Board of Chiropractic Examiners, its agents, and agents of the Attorney General’s Office representing the Board, to gain access to your complaint for the purpose of conducting a thorough investigation of the allegations. This waiver will also provide access of your complaint to the subject of the complaint for the purpose of obtaining a response to the allegations.

Under the Minnesota Government Data Practices Act, information given to the Board or Attorney General’s Office as part of an investigation of a licensed health care provider is confidential.

You are not legally required to sign the waiver to release this information. However, refusal to sign the waiver may restrict our ability to investigate your complaint.

In accordance with statutes, rules and professional standards governing legal actions investigative information received on a health care provider may in some circumstances be disclosed to certain other persons or entities, including the provider and the provider’s attorney, the Minnesota Office of Administrative Hearings, and any reviewing court.

**COMPLAINT WAIVER AUTHORIZATION**

I hereby agree to permit and authorize the Minnesota Board of Chiropractic Examiners, its agents, agents of the Attorney General’s Office representing the Board and any other entity whose involvement may be deemed necessary, access to my complaint and any related records which may be required for the investigation of this complaint. I also hereby agree to permit and authorize the Minnesota Board of Chiropractic Examiners to discuss my complaint with other entities as necessary to investigate the complaint and to use my name and/or my records in any legal proceeding arising out of this matter.

\_\_\_\_\_  
Printed Name Of Subject Chiropractor (not clinic)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Of Complainant

\_\_\_\_\_  
Complainant Street Address

\_\_\_\_\_  
Complainant City, State, Zip

\_\_\_\_\_  
Complainant Signature