Governor Michael L. Parson
State of Missouri

Department of Insurance
Financial Institutions
and Professional Registration
Chlora Lindley-Myers, Director

DIVISION OF PROFESSIONAL REGISTRATION

CENTRAL INVESTIGATIONS UNIT
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
Telephone: 573-526-0162
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
Email: central.investigations@pr.mo.gov
Web site: http://www.pr.mo.gov

Don Eggen
Chief Investigator

To: Complainant

From: Don Eggen
Chief Investigator

Re: Explanation of Complaint System

This is in response to your request for a complaint packet.

When filing a complaint, be sure to explain your allegations thoroughly in written form and provide copies of any documents, letters, bills, etc. that support your complaint.

In order for the licensee to release any information regarding services provided to you by a health care practitioner the individual receiving the services must sign the enclosed release of confidential information form(s). The release form(s) must be returned with the complaint. If the form(s) are not returned or incomplete your complaint may be delayed.

The licensee will receive a copy of the complaint and release form(s) and will be instructed to respond to the complaint you have filed within thirty (30) days.

Upon receiving a response from the licensee, your complaint will be reviewed by the Investigative Unit to make sure all the requested paperwork is included in the complaint file. If additional information is required, you will be contacted. The licensing agency will then review the entire complaint and response.

You will be notified in writing of the results of this review. Please understand details relating to the investigation, such as the licensee's response, or statements made relating to the investigation and review process are confidential.

Please send the uniform complaint form, release of confidential information form(s), and all pertinent documents to the attention of Don Eggen, Chief Investigator, Division of Professional Registration, Post Office Box 1335, Jefferson City, MO 65102.

Save Print Reset

CENTRAL INVESTIGATION UNIT
POST OFFICE BOX 1335
JEFFERSON CITY, MO 65102
TELEPHONE (573) 526-0162
FAX (573) 751-5649
TDD 800-735-2966

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
UNIFORM COMPLAINT

Section 575.060 — False Declarations. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor. **PLEASE TYPE OR PRINT IN BLACK INK**

I WOULD LIKE TO FILE MY COMPLAINT WITH THE FOLLOWING BOARD:

- ☐ BEHAVIOR ANALYST ADVISORY BOARD
- ☐ BOARD FOR OCCUPATIONAL THERAPY*
- ☐ BOARD FOR RESPIRATORY CARE*
- ☐ BOARD OF CHIROPRACTIC EXAMINERS*
- ☐ BOARD OF EMBALMERS AND FUNERAL DIRECTORS
- ☐ BOARD OF EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS*
- ☐ BOARD OF GEOLOGISTS REGISTRATION
- ☐ BOARD OF PODIATRIC MEDICINE*
- ☐ BOARD OF PRIVATE INVESTIGATOR EXAMINERS
- ☐ BOARD OF THERAPEUTIC MASSAGE*
- ☐ COMMITTEE FOR PROFESSIONAL COUNSELORS*
- ☐ COMMITTEE FOR SOCIAL WORKERS*
- ☐ COMMITTEE OF DIETITIANS*
- ☐ COMMITTEE OF INTERPRETERS*
- ☐ COMMITTEE OF MARITAL AND FAMILY THERAPISTS*
- ☐ COMMITTEE OF PSYCHOLOGISTS*
- ☐ INTERIOR DESIGN COUNCIL
- ☐ OFFICE OF ATHLETICS
- ☐ OFFICE OF ENDOWED CARE CEMETERIES
- ☐ OFFICE OF TATTOOING, BODY PIERCING & BRANDING
- ☐ REAL ESTATE APPRAISERS COMMISSION
- ☐ OTHER _____

*** YOU MUST COMPLETE THE ATTACHED RELEASE FORM FOR THE BOARD, COMMISSION OR COMMITTEE MARKED WITH AN ASTERISK (*). WITH THE RELEASE FORM SIGNED THE CENTRAL INVESTIGATIONS UNIT CAN OBTAIN YOUR MEDICAL OR THERAPEUTIC RECORDS.**

INFORMATION ABOUT YOU

YOUR NAME	TELEPHONE (DAYTIME)	CELL	TELEPHONE (EVENING)
ADDRESS (STREET, CITY, STATE, ZIP)			YOUR OCCUPATION
PREFERRED CONTACT	TELEPHONE	CELL	EMAIL

INFORMATION ABOUT LICENSEE OR PERSON PRACTICING WITHOUT A LICENSE

PERSON NAME AND/OR COMPANY		TELEPHONE
ADDRESS (STREET, CITY, STATE, ZIP)	PROFESSION	LICENSE NO. (IF KNOWN)

	YES	NO
HAVE YOU CONTACTED LICENSEE OR UNLICENSED INDIVIDUAL ABOUT YOUR COMPLAINT? IF YES, DATE _____	☐	☐
HAVE YOU HAD A PROFESSIONAL OR SOCIAL RELATIONSHIP WITH THE PERSON YOU ARE FILING THE COMPLAINT AGAINST?	☐	☐

IF SO, PLEASE EXPLAIN _____

	YES	NO
HAVE YOU CONTACTED AN ATTORNEY?	☐	☐
HAS A LAWSUIT BEEN FILED?	☐	☐
IT MAY BE NECESSARY FOR YOU TO TESTIFY AT A HEARING. ARE YOU WILLING TO TESTIFY?	☐	☐

ALL PERTINENT DOCUMENTS NEED TO BE ATTACHED

NAME OF YOUR PRIVATE ATTORNEY (IF APPLICABLE)	TELEPHONE
ADDRESS (STREET, CITY, STATE, ZIP)	

WITNESS: IF WITNESSES ARE LISTED, PLEASE PROVIDE CONTACT INFORMATION

NAME	ADDRESS AND TELEPHONE NUMBER

DETAILS OF COMPLAINT

GIVE FULL DETAILS OF YOUR COMPLAINT. Be specific. What happened? When? **USE BLACK INK.** Type or print legibly. Use additional sheets if necessary. Please attach all pertinent documents regarding this complaint.

☐ Check here if you have included additional sheets or other materials.

NOTICE: All complaints must be signed. Such signature also authorizes the Board/Committee/Commission to release a copy of the complaint to the licensee who is the subject of the complaint.	SIGNATURE ▶	DATE