

## SFMS Physician Complaint Form

Please be aware that the San Francisco Medical Society will attempt to resolve your complaint. However, if the treating physician is not an SFMS member our ability to help will be limited. **The Medical Board of California** is the **ONLY** authority in the state that may take disciplinary action against a licensed physician with whom you may have a complaint.

Medical Board of California  
1426 Howe Street, Suite 54  
Sacramento, CA 95825  
Their toll free number is **800-633-2322**

Complaints are reviewed once a month and are assigned to peer doctors of SFMS who will evaluate the complaint and bring the issue before our Committee on Professional Relations and Ethics. You and the physician will be notified via mail of the decision of the committee.

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

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

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

Date of Dispute: \_\_\_\_\_

Have you contacted the physician about the dispute? \_\_\_YES \_\_\_NO

Briefly state the problem and attach all relevant documents. We cannot assist you if we cannot read this form.

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

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

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

Phone: \_\_\_\_\_

CONSENT: I hereby consent and authorize \_\_\_\_\_, MD to divulge to any San Francisco Medical Society representative the diagnosis and/or treatment and to release medical records or any other information regarding me in this dispute.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return form to:**

**SAN FRANCISCO MEDICAL SOCIETY**  
1003A O'Reilly Ave  
San Francisco, CA 94129  
(415) 561-0850, extension 268