

**Complaint Report**  
**Completed by Employee/Faculty/Practitioner/Student/Patient/Visitor**

**COMPLAINANT INFORMATION:**

Name of Person Filing Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Your relationship to AOMA    Employee    Faculty    Practitioner    Student    Patient    Visitor

**COMPLAINT INFORMATION:**

Complaint Regarding    Employee    Faculty    Practitioner    Student    Patient    Visitor

Name of person complaint is against: \_\_\_\_\_

1) Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

2) Location: \_\_\_\_\_

3) Witness(es): \_\_\_\_\_

4) Description of the incident\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) What actions have been taken in regards to the incident?

Addressed complaint with individual    Addressed complaint with Supervisor or Administrator

Other \_\_\_\_\_

None

6) What actions do you feel are needed\*? \_\_\_\_\_

\_\_\_\_\_

Explain\*: \_\_\_\_\_

\_\_\_\_\_

\* Attach additional pages as needed

\_\_\_\_\_  
Printed Name of Person Completing Report

\_\_\_\_\_  
Signature of Person Completing Report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Receiving Report

\_\_\_\_\_  
Signature of Person Receiving Report

\_\_\_\_\_  
Date

## Conflict Resolution Procedures

To ensure and promote a productive and cooperative educational, healthcare, and work environment, AOMA wants to resolve conflicts/complaints promptly. Any AOMA party who has a dispute or concern should follow the conflict resolution procedures outlined below:

- The affected individual should first make an attempt to resolve the dispute directly with the other party/parties involved. Going to the “source” may be the fastest way to resolve problems.
- If the problem could not be resolved between the concerned parties, the affected individual (complainant) should complete the Complaint Report. The identity of complainants is protected and kept confidential. AOMA cannot accept complaints submitted anonymously. Complaints may be emailed, mailed, dropped off, or faxed.
- This report should be sent to AOMA by email to [complaints@aoma.edu](mailto:complaints@aoma.edu); by mail to AOMA, Attn: HR – Complaint Report, 4701 West Gate Blvd, Austin, TX 78756; by dropping off in a sealed envelope labeled HR – Complaint Report at same address to staff in Building C. It can also be faxed (512-454-7001) but confidentiality cannot be guaranteed by facsimile.
- The head of the department is responsible for engaging the evaluation of the Complaint according to AOMA’s Professionalism Policy.
  - Written complaints against students shall be evaluated by the director of clinical education and the appropriate program director in the misconduct is determined to be a minor lapse in professionalism. If the lapse is major or critical in nature, the complaint shall be evaluated by a Misconduct Advisory Committee as outlined in the student manual.
  - Written complaints against employees shall be evaluated by his/her immediate supervisor as outline in the employee manual. Written complaints about professional clinic practitioners shall be evaluated by the professional clinic medical director.
  - Written complaints against student clinic patients shall be evaluated by director of clinical education or professional clinic medical director and supervisor or practitioners who have overseen the patient’s care.
  - Written complaints against professional clinic patients shall be evaluated by the professional clinic medical director and practitioners who have overseen the patient’s care.
  - In no case shall an evaluator of the complaint be either the complainant or the defendant.
- Once the facts and circumstances have been evaluated, a determination will be made regarding necessary disciplinary action/remedial training. The evaluators will conduct a full examination of the facts, hold discussions with all individuals concerned, and advise the affected parties of the decision within five working days of the decision being made. The decision of the evaluators shall be final.
- All written complaints and outcomes shall be brought to the attention of the President’s cabinet.

Formal complaints against licensed medical practitioners may also be sent to the Texas Medical Board (see below):

### NOTICE CONCERNING COMPLAINTS

Complaints must be submitted in writing. The identity of complainants is protected and kept confidential by law, with the exception of complaints filed by insurance and pharmaceutical companies. The Board cannot accept complaints submitted anonymously. Complaints may be emailed, mailed or faxed.

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

Texas Medical Board  
Attention: Investigations  
333 Guadalupe, Tower 3, Suite 610  
P.O. Box 2018, MC-263  
Austin, Texas 78768-2018

Assistance in filing a complaint is available by  
calling the following telephone number: 1-800-201-9353

For more information please visit our website at [www.tmb.state.tx.us](http://www.tmb.state.tx.us)