



american **midwifery** certification board

Discipline Complaint Form

If you wish to file a complaint against a midwife, please complete this form and submit it to the Discipline Director, Denise Smith at dsmith@amcbmidwife.org. In addition to your complaint, please submit your medical records and any other supplemental documentation you may have to substantiate your claim(s).

We do not accept third party complaints, therefore this complaint must be completed by the patient.

***** Sometimes a complaint may not meet our requirements for Discipline, however other avenues that may be considered might include the state licensing board, hospital, practice or birth center where the midwife is employed. *****

Date: _____

Your Name: _____

Email Address: _____

Phone Number: _____

Address:

Name of Midwife: _____

Credential: _____

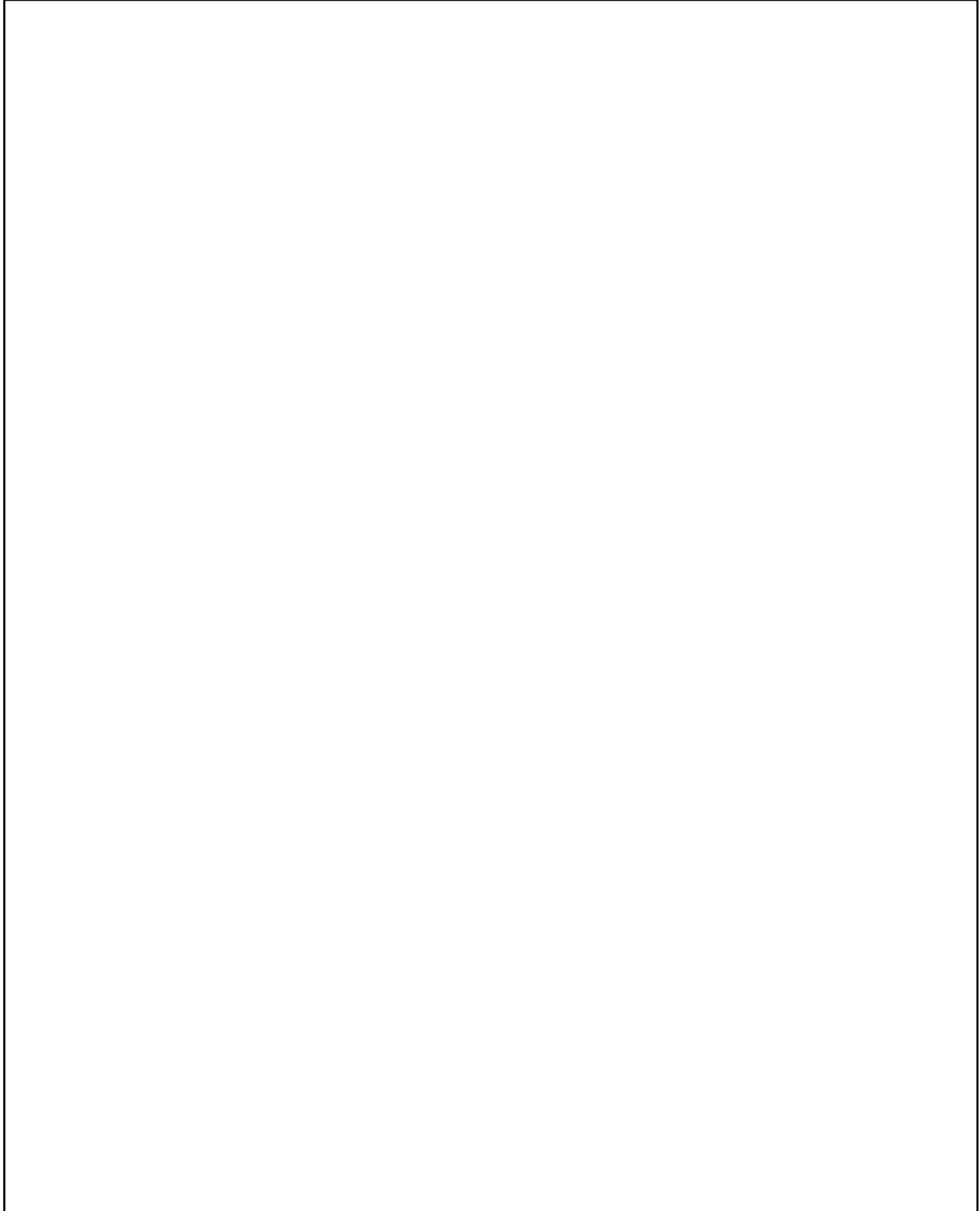
Certification Number: _____

Date of Incident: _____

Location of Incident:

Please describe the incident in as much detail as possible in the box below. If additional space is needed, please attach a separate document along with this form.

Have you filed a complaint against this midwife with any other entity? If so, please provide the name of that entity and the status or outcome of that complaint in the box below..

A large, empty rectangular box with a thin black border, intended for the user to provide details about any complaints filed against the midwife.