



# PROFESSIONAL DISCIPLINE COMPLAINT FORM

Complete each section of this form. Submit your signed complaint form to ABC along with the appropriate documentation to support your complaint. Upon receipt, the Professional Discipline Committee will determine whether an inquiry can be initiated under its authority. The Complaint and supporting documents must be legible and may not exceed 25 pages without the prior approval of ABC.

## Section I – Your Personal Contact Information

---

Your Name (herein referred to as Complainant)

---

Street Address

---

Suite/Apt. #

City

State

Zip

---

Work/Home Phone

Fax

---

Cell Phone

Email

## Section II – Alleged Code Violator’s Contact Information

---

Name of Respondent (must be an ABC Credential Holder as defined in C1.1)

---

Street Address

---

Suite/Apt. #

City

State

Zip

---

Work Phone

Fax

---

Website

Email

## Section III – Alleged Code Violation

Cite specific Code(s) alleged to have been violated, example C2.1 or C3.1:


## Section IV – Specific Complaint Details

Cite the nature of your complaint including specific dates and events.  
(Please use a separate sheet of paper if necessary. Supplemental attachments must be signed and dated.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Section V

List of supporting documentation attached (i.e. invoices and payments, signed statements from physician(s) and other professional personnel, etc.)

---

---

---

---

---

---

---

---

---

---

**Please read and sign the following attestation:**

By signing this form, I acknowledge that I have granted my permission to initiate an inquiry against the Respondent based on the allegations outlined. I have read and understand the Rules and Procedures. Further, I acknowledge that a copy of this Complaint Form, any accompanying letters of complaint and supporting documentation will be mailed by the Professional Discipline Committee to the Respondent (in the event that an inquiry is initiated), and may be forwarded to the ABC Board of Directors if necessary.

---

Signature of Complainant

Date

**Medical Information Release Authorization:**

By signing below I authorize the American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) to deliver a copy of this authorization to any holder of my medical information and such holder may rely on this authorization and has the authority to release to ABC or its agents all medical and related information related to this complaint.

---

Signature of Complainant

Date

**Please submit completed form to:**

Molly Maguire

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

Mail: 330 John Carlyle Street, Suite 210, Alexandria, VA 22314

Fax: 703-842-8898

Email: [mmaguire@abcop.org](mailto:mmaguire@abcop.org)