

## COMPLAINT FORM

This form is to be used to report a violation of ARDMS Compliance Policies:

<http://www.ardms.org/Compliance Policies.pdf>

Please provide as much information in the form below as possible to assist ARDMS in the investigation of the matter you are reporting. All complaints submitted to ARDMS will remain confidential. ARDMS accepts anonymous complaints, however without a point of contact for clarification of the circumstances noted in the complaint, the ability to move forward with an investigation may be limited.

### **SUBJECT OF COMPLAINT**

Name: \_\_\_\_\_  
   First  M.I.  Last

Home Address: \_\_\_\_\_  
   Street  City  State  Zip Code

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

ARDMS Certification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does this person hold any state/federal licenses? Y/N (circle one)

If yes, please provide the following information:

- Type of license(s) held: \_\_\_\_\_  
 \_\_\_\_\_
- License number(s) (if known) and state where license was issued: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPLAINT FILED BY:**

Name:

\_\_\_\_\_

First	M.I.	Last
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Address:

\_\_\_\_\_

Street	City	State	Zip Code
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Organization/Facility Name (If Applicable): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Relationship to Subject of Complaint: \_\_\_\_\_

**WAS LAW ENFORCEMENT CONTACTED? Y/N (circle one)**

If yes, please provide the following information:

- Date matter was reported: \_\_\_\_\_
- Name of law enforcement agency and point of contact: \_\_\_\_\_  
\_\_\_\_\_
- Address, Telephone Number and E-mail address of law enforcement agency and/or agency point of contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAS THIS MATTER REPORTED TO ANY OTHER INDIVIDUAL/AGENCY? Y/N (circle one)**

If yes, please provide:

- Name of individual/agency: \_\_\_\_\_
- Address: \_\_\_\_\_

- Telephone number and e-mail address (if applicable): \_\_\_\_\_
- Status/outcome of complaint: \_\_\_\_\_

**DID THE VIOLATION INVOLVE A PATIENT? Y/N (circle one)**

If yes, please provide patient's information below:

Name:

\_\_\_\_\_

First	M.I.	Last
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Address:

\_\_\_\_\_

Street	City	State	Zip Code
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Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE STATE YOUR RELATIONSHIP TO THE PATIENT**

- Self       Spouse       Family Member (please specify) \_\_\_\_\_  
 Practitioner       Law Enforcement       Other (please specify) \_\_\_\_\_

**WITNESSES**

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

Phone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Subject of Complaint: \_\_\_\_\_

Relationship to Patient (if applicable): \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Subject of Complaint: \_\_\_\_\_

Relationship to Patient (if applicable): \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Subject of Complaint: \_\_\_\_\_

Relationship to Patient (if applicable): \_\_\_\_\_

**SUMMARY OF COMPLAINT**

Please provide a legible statement providing the full details of your complaint, including a detailed description of the circumstances. Be sure to include dates, locations, names and attach copies of documentation that will support your complaint. If necessary, you may attach a separate sheet of paper to continue your statement.

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By signing this document, you are attesting that all the information is true and without malice. If the allegations in your complaint are determined to be possible violations of the Compliance Policies, an investigation will be opened. As a reminder, all complaints submitted to ARDMS will remain confidential. ARDMS accepts anonymous complaints however without a point of contact for clarification of the circumstances noted in the complaint, the ability to move forward with an investigation may be limited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLAINT SUBMISSION**

Please submit your complaint by one of the following methods:

Mail

American Registry for Diagnostic Medical Sonography (ARDMS)  
Attention: Compliance Department  
1401 Rockville Pike, Suite 600  
Rockville, MD 20852-1402

E-mail:  
[Compliance@ardms.org](mailto:Compliance@ardms.org)

Fax:  
301-560-6679

*For questions regarding the ARDMS Compliance Policies or the complaint process, please contact the Compliance Department at (800) 541-9754.*