



Grievance Complaint Form

The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) shall consider disciplinary action for professional misconduct on the part of any member of the association for which similar action has been taken by a state or county Board of Medical Examiners, Board of Professional Medical Responsibility, or like body, or by a federal, state, or local court of competent jurisdiction. The AANEM does not review complaints against nonmembers. Complaints generally will not be considered and reviewed unless the complaint has been previously investigated and a formal adverse determination has been made by another professional review body or a court of competent jurisdiction. Individuals bringing complaints are not entitled to any relief or damages by virtue of the [AANEM Disciplinary Policies and Procedures](#), although they will receive notice of the actions taken.

If you believe your physician has acted in an unethical or unprofessional manner, please contact your state's medical board. A Directory of State Medical Boards is available on the Federation of State Medical Boards website: <http://www.fsmb.org>

COMPLAINANT

Your Name: _____
Last First M.I.

Best Contact Number: (____) _____ Email: _____

SUBJECT OF MISCONDUCT

Subject of Misconduct: _____
Last First M.I.

Address: _____
Address

City State ZIP Code

Contact Number: (____) _____ Email: _____

TYPE OF MISCONDUCT

The association may consider disciplinary action when allegations of serious misconduct are brought to the attention of the Board of Directors, and there is reliable information supporting these allegations. The AANEM considers the loss or suspension of medical license, a felony indictment/conviction, a breach of the AANEM Code of Conduct or failure to respond truthfully to the AANEM membership application as acts of serious misconduct.

Type of misconduct being reported:

- Loss/Suspension of License
- Breach of [AANEM Code of Conduct](#)
- Felony/Indictment Conviction
- Failure to Respond Truthfully to Membership Application
- Other

Was this complaint previously investigated? YES NO

Was disciplinary action taken by a state or county Medical Board or like body? YES NO

If so, which board or like body:

Has a formal adverse determination been taken by a federal, state, or local court? YES NO



DEATAILS OF MISCONDUCT

Please state in detail all facts, which you believe justify your grievance against the above mentioned practitioner. You may attach additional pages to describe the misconduct, if necessary.

Date, time, and place of misconduct:

Names of other persons involved (if any) and titles, include all witnesses:

Detailed description of misconduct:

Please state any policies, procedures or guidelines (if any) that you feel are violated:

ADDITIONAL INFORMATION

You may provide additional documentation to clarify the information given, if applicable.

Additional Comments:

SIGNATURE & ATTESTATION

I hereby acknowledge that I am filing an official grievance with the AANEM and attest that all of the foregoing statements are true and correct to the best of my knowledge and belief.

Name: _____ **Date:** _____

Signature: _____