

COMPLAINTS AGAINST MIDWIVES

INFORMATION:

The New Mexico Department of Health honors and appreciates your interest in safeguarding the health and welfare of New Mexicans and the information you send us. When we receive your complaint, we will consider it carefully. We may contact you for more information. We will investigate the situation to determine whether the Rules under which the midwife complained of practices have been broken. Disciplinary action may be taken against the midwife if the Rules have been broken, and/or the Rules or other systems to assure safety may be improved based on the results of the investigation. All investigations are confidential unless and until such time as discipline is applied to the midwife's license. You will not be informed of the progress nor specifically contacted regarding any disciplinary action taken.

The Rules (regulations) that govern the practice of Certified Nurse-Midwives and Licensed Direct-Entry Midwives who are licensed by the State of New Mexico can be found on the midwifery section of New Mexico Department of Health's website, at <www.health.nm.us>. If you have any questions, please phone the Maternal Health Program Manager at (505) 476-8908.

INSTRUCTIONS:

1. The next page is the Complaint Form. Either copy the form to a word processing program, fill it out and then print it; or print it directly and fill it out legibly by hand.
2. Complete the identifying information on the form.
3. Write your complaint, including as much specific detail such as dates, times, places and people present as you can.
4. Put your signature and the date at the end. Your signature must be witnessed and confirmed by a notary public.
5. If there are any records, reports, letters, etc., that have any information about the situation, include copies with the complaint.
6. Mail the completed form and copies of other information to:

Maternal Health Program Manager New Mexico Department of Health 2040 S Pacheco Santa Fe, NM 87505
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COMPLAINT AGAINST A MIDWIFE

1. INFORMATION ON THE PERSON MAKING THE COMPLAINT

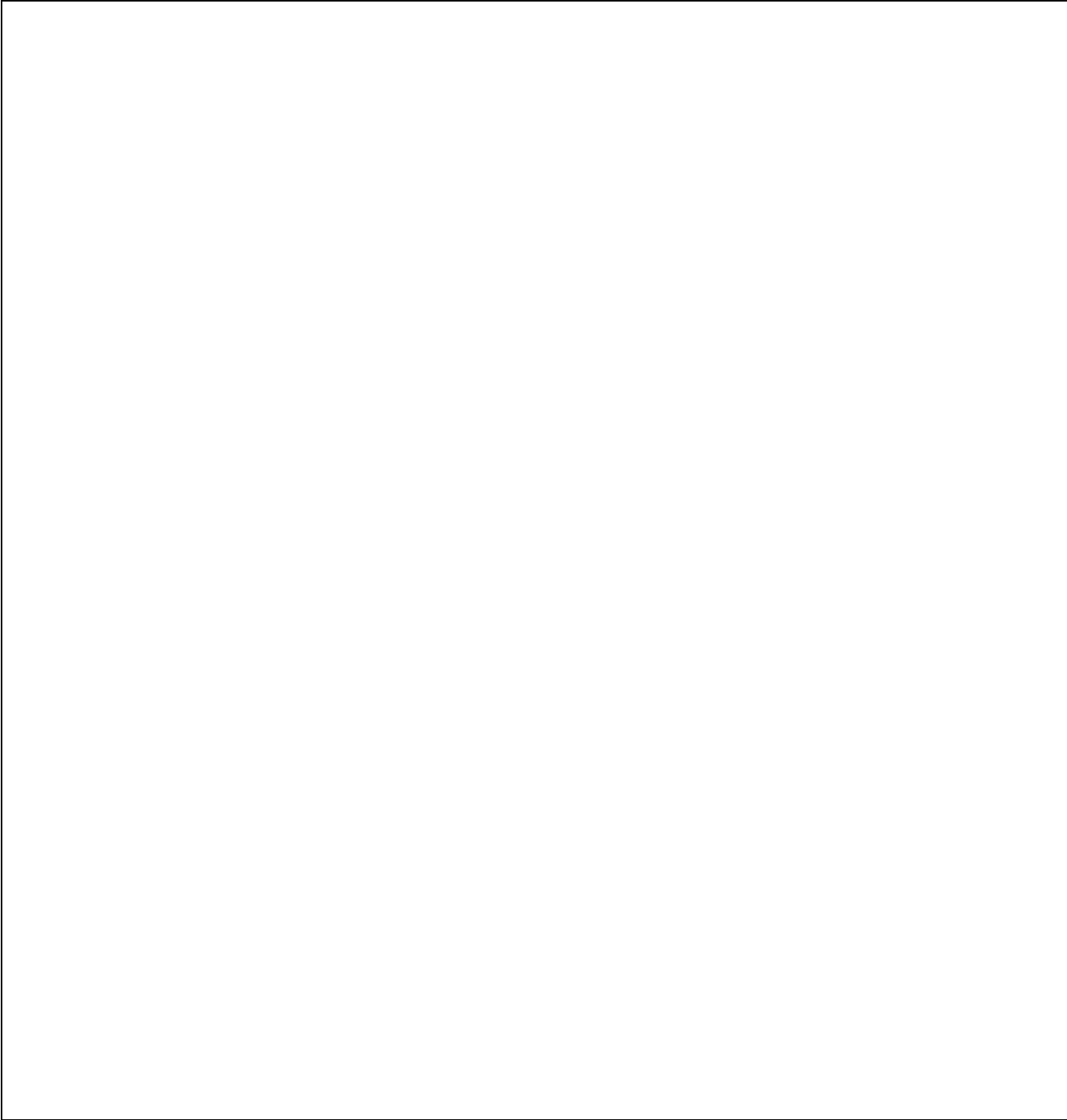
_____ Person making the complaint, and Institution, if any			
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Telephone Numbers:	_____ Office	_____ Home	

2. INFORMATION ON THE MIDWIFE THE COMPLAINT IS AGAINST

_____ Midwife or midwives			
_____ Street Address	_____ City	_____ State	_____ Zip

3. COMPLAINT

Describe the problem below. Include as much specific detail such as dates, times, places and people present as you can. Use as many additional sheets of paper as you need. **A notary public must sign as a witness to your signature as you put your signature and the date at the end.**



The foregoing was executed, acknowledged and sworn to before me this _____ day of _____, 200____.

Notary Public

My Commission Expires: _____