

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 practices have been broken. Disciplinary action may be taken against the midwife if the Rules have been broken. Based on the results of the investigation, we also may improve the Rules or other systems to assure safety. 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 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: <https://www.nmhealth.org/about/phd/fhb/mwp/#nmac>

If you have any questions, please phone the Maternal Health Program Manager at (505) 476-8866.

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.
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:

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

1. INFORMATION ON THE PERSON MAKING THE COMPLAINT

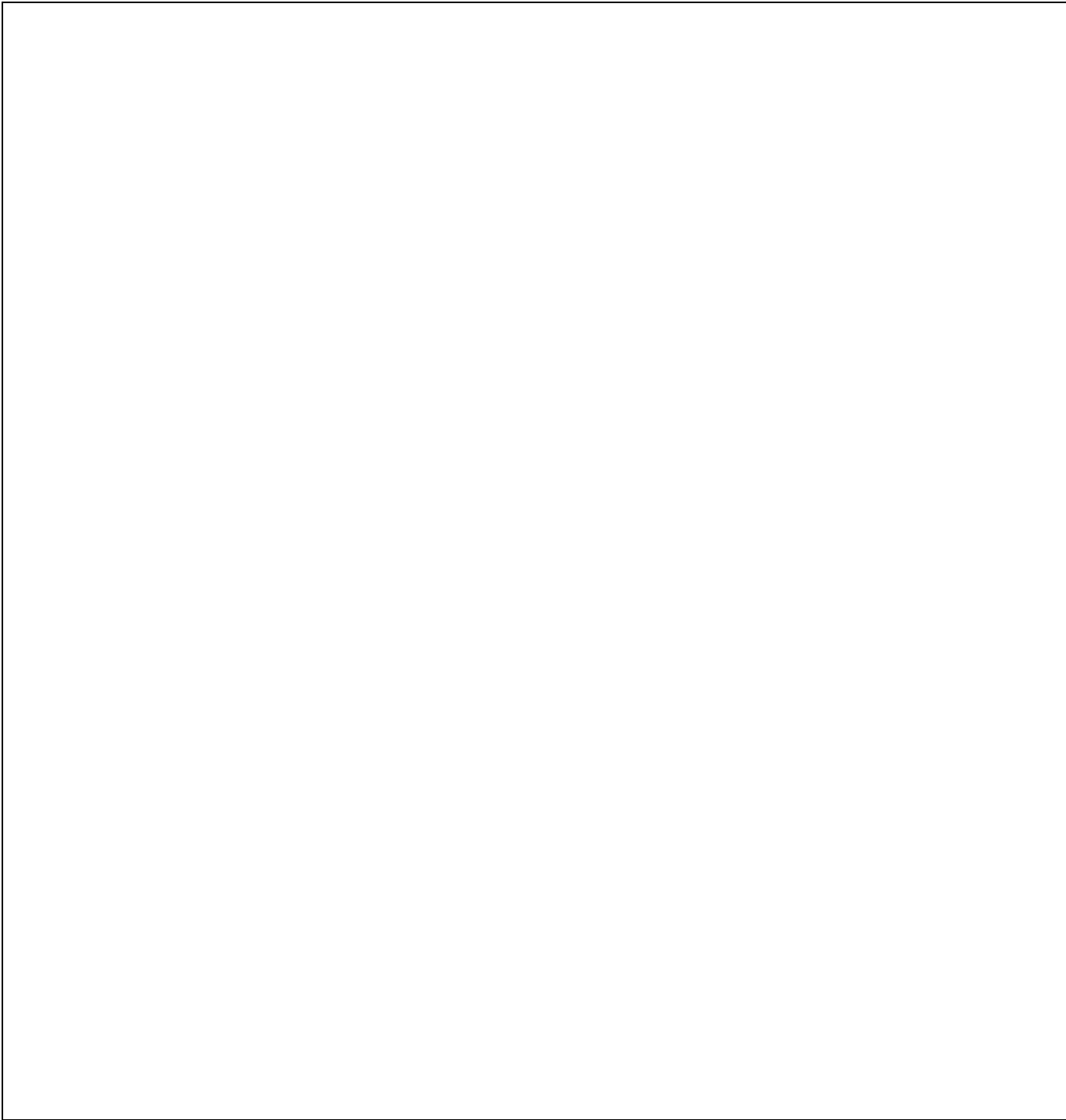
| | | | |
|---|---------------|------------------------|--------------|
| _____ Person making the complaint, and Institution, if any | | | |
| _____ Street Address | _____ City | _____ State | _____ Zip |
| _____ Telephone Number(s) | | _____ Email address | |

2. INFORMATION ON THE MIDWIFE THE COMPLAINT IS AGAINST

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

3. COMPLAINT

Describe the incident/concern 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.



Signature: _____

Date: _____