MEDICAL RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS
4814 South 40th Street
Phoenix, AZ 85040
Phone (602) 255-4845 Fax (602) 437-0704
E-mail: MRTBEwebform@azrra.gov
www.azrra.gov

COMPLAINT FORM

Complaint forms can be emailed, faxed, or mailed to the MRTBE. Upon receipt of your complaint, we will determine if your complaint comes under our authority. If it does, we will take such action as is possible under our statutory authority. If your complaint does not fall under our authority, we will refer you to the appropriate agency.

Complaint Information				
Name of Complainant (Person Filing Complaint)	Daytime Telephone # ( )			Evening Telephone # ( )
Address of Complainant (Number, Street)	City	State	Zip Code	E-mail Address @

Complaint Against		
Respondent (Person the complaint is against)	Respondent's Employer	
Date & Time of Incident	Place of Incident (Facility/Room/Floor)	Type of Procedure performed at time of incident, if known:
Patient's Name (if not complainant)	Witness Name and Contact Information	

Please describe the incident or reason for the complaint, including as many details as possible. Please include any documentation you feel would be pertinent to the case. If the complaint entails more than one person, please make note of each person involved.

Describe specifically and in detail your complaint. Please provide copies of any documents, photos, billing statements, and/or any evidence you believe would support your complaint. (Continues on back of page)

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