



RESPIRATORY CARE BOARD OF CALIFORNIA

3750 Rosin Court, Suite 100, Sacramento, CA 95834

T: (916) 999-2190 | Toll-Free: (866) 375-0386 | F: (916) 263-7311

E: rcbinfo@dca.ca.gov | www.rcb.ca.gov



CONSUMER REPORTING FORM

Pursuant to Business and Professions Code (B&PC) sections 2318, 3759, and Civil Code section 43.8, complainants are immune from prosecution for registering complaints.

PERSON REGISTERING COMPLAINT

FULL NAME:		
RESIDENT ADDRESS:		
BUSINESS NAME:		
TELEPHONE NUMBER:	HOME:	WORK:
EMAIL:		

Would you like this information to remain confidential, for use by the Board only?

YES NO

Would you like to remain anonymous? YES NO

VIOLATION BEING REPORTED AGAINST

FULL NAME:			LICENSE NUMBER:
EMPLOYER:			
EMPLOYER ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	HOME:	WORK:	
EMAIL:			

VIOLATION TYPE

- | | |
|--|--|
| <input type="checkbox"/> Unlawful Sale of Controlled Substance or Prescription Items | <input type="checkbox"/> Unlicensed Practice |
| <input type="checkbox"/> Patient Neglect, Physical Harm to Patient(s), or Sexual Contact with a Patient(s) | <input type="checkbox"/> Theft from Patient(s), Other Employee(s), or Employer |
| <input type="checkbox"/> Use of Controlled Substance or Alcohol | <input type="checkbox"/> Arrested or Convicted of a Criminal Offense |
| <input type="checkbox"/> Falsification of Medical Records | <input type="checkbox"/> Gross Negligence or Incompetence |
| <input type="checkbox"/> Other (please explain) _____ | |

WITNESS INFORMATION

WITNESS NAME:	WITNESS NAME:	WITNESS NAME:
EMPLOYER:	EMPLOYER:	EMPLOYER:
TITLE:	TITLE:	TITLE:
PHONE:	PHONE:	PHONE:
EMAIL:	EMAIL:	EMAIL:

LOCATION AND DATE OF INCIDENT

LOCATION OF INCIDENT:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Home	<input type="checkbox"/> Other _____
ADDRESS OF INCIDENT:			
DATE(S) OF INCIDENT:			

RELATIONSHIP TO THE SUBJECT

- PATIENT CO-WORKER RELATIVE EMPLOYER OTHER: _____



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AUTHORIZATION FOR RELEASE OF RECORDS

PATIENT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

I, the undersigned, hereby authorize the following to disclose records in the course of my diagnosis and treatment to the Respiratory Care Board of California.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

The disclosure of records authorized herein is required for official use including investigation and possible proceedings regarding any violations of the laws of the State of California.

This authorization shall remain valid until the Respiratory Care Board of the State of California completes its investigation and proceedings arising out of the investigation.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL

SIGNATURE _____ DATE _____
(PATIENT)

SIGNATURE _____ DATE _____
(REPRESENTATIVE)

RELATIONSHIP TO PATIENT _____

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Department of Consumer Affairs (DCA) and Respiratory Care Board of California (RCB) collects the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act (Civil Code section 1798 and following). The RCB uses this information to follow up on your complaint in accordance with DCA's **Privacy Policy**.

Providing Personal Information is Voluntary

You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, the RCB may not be able to contact you or help you resolve your complaint.

Access to Your Information

You may review the records maintained by the RCB that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The RCB makes every effort to protect the personal information you provide. However, in order to follow up on your complaint, the RCB may need to share the information you provided with the licensee you complained about or with other government agencies.

This may include sharing any personal information you provided.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or for access to your records, contact the RCB by mail at 3750 Rosin Court, Suite 100, Sacramento, CA 95834, by phone at (916) 999-2190, or by email at rcbinfo@dca.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.