



COMPLAINT: Protections of Medical Conscience

Use this complaint form to report a violation of Section 381.00321, Florida Statutes

Date: _____ Your Last Name: _____ Your First Name: _____
 Business Name (if you are filing the complaint on behalf of a business): _____

Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ E-mail Address: _____

You are filing this complaint as a (select one):
 Health Care Provider Health Care Payor Neither a Health Care Provider nor a Health Care Payor

Please provide the following information regarding the business or person against whom you are filing your complaint:

Subject's Name: _____ Subject's Telephone Number: _____
 Subject's Address: _____
 Address where the
 discriminatory/adverse action occurred: _____
 Date of the discriminatory/adverse action: _____

1. Did you opt out of participation in (or payment for) a health care service on the basis of a conscience-based objection? Yes No

IF YOU ANSWERED "YES" TO QUESTION 1, PLEASE MOVE ON TO QUESTION 2.

IF YOU ANSWERED "NO" TO QUESTION 1, PLEASE MOVE ON TO QUESTION 7.

2. If you are a health care provider, did you:

- a. Provide written notification of your conscience-based objection to your supervisor or employer (or if you are a student, your educational institution) at the time of your conscience-based objection or as soon as practicable thereafter? Yes No
- b. Document your conscience-based objection to a particular health care service in the patient's medical file? Yes No
- c. Notify the patient, potential patient, or guardian acting on behalf of the patient or potential patient (if applicable), prior to scheduling the patient's appointment that you do not provide the service?..... Yes No

3. If you are filing this complaint on behalf of an entity, are your entity's conscience-based objections referenced in your entity's governing documents, published ethical, moral or religious guidelines or directives, mission statements, constitutions, articles of incorporation, bylaws, policies, or regulations?..... Yes No

4. Were you subject to discrimination or adverse action because you declined to participate in or pay for a health care service on the basis of a conscience-based objection? Yes No

If you answered **“YES”** to Question **4**, please describe the circumstances under which you declined to participate in (or pay for) a health service and the discrimination or adverse action(s) taken:

5. Did the health care service in which you declined to participate constitute emergency medical treatment? Yes No

6. If you are filing this complaint as a “health care payor”, were you contractually obligated to cover the health care service for which you denied payment? Yes No

7. Were you subject to discrimination or adverse action as a result of:
- a. Providing information to your employer or a state or federal agency relating to any act or omission that was/is in violation of section 381.00321, Florida Statutes? Yes No
 - b. Testifying or intending to testify in a proceeding concerning any act or omission that was/is in violation of section 381.00321, Florida Statutes? Yes No
 - c. Assisting or participating or intending to assist or participate in a proceeding concerning any act or omission that was/is in violation of section 381.00321, Florida Statutes? Yes No

If you answered **“YES”** to any part of Question **7**, please state to whom you provided information or in what proceeding you testified, assisted, or participated, and describe the discrimination or adverse action(s) taken:

8. Did you experience discrimination for disclosing any of the following:
- a. A violation of any law, rule, or regulation;
 - b. A violation of any ethical guidelines for the provision of any medical procedure or service; or
 - c. A practice or method of treatment that may put patient health at risk or present a substantial and specific danger to public health or safety? ___Yes ___No

If you answered “**YES**” to Question **8**, please describe what you disclosed and the discrimination or adverse action you experienced:

I declare that the statements made in this complaint are true and correct to the best of my knowledge and belief. I also understand that the Office of the Attorney General of Florida does not give legal advice, and that the Office of the Attorney General of Florida cannot take legal action for me individually.

Further, I understand that the information submitted with this complaint may be provided to the Subject named in the complaint and may also be subject to public inspection pursuant to Chapter 119, Florida Statutes.

Complainant Signature: _____ Dated: _____