



8605 Santa Monica Blvd., #46789
Los Angeles, CA 90069-4109
Toll Free 1-213-628-6291

INSTRUCTIONS FOR SUBMITTING COMPLAINT

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE COMPLAINT FORM

Legibly print or type in black ink only. **You may submit up to a total of 25 pages including the complaint form and exhibits.** You may indicate that additional evidence or exhibits are available upon request. If the form is not properly completed, it may be returned for correction. If you have questions about completing this form or the complaint process, you may contact the National Ayurvedic Medical Association (“NAMA”) at the above toll free number.

PLEASE NOTE: There are many types of complaints that do not fall under NAMA’s purview and therefore cannot be addressed through NAMA’s complaint process. NAMA is a non-profit voluntary membership association of Ayurvedic professionals. NAMA does not currently have any government sanctioned regulatory authority, and is not responsible for the licensing of any profession in any federal, state, or local jurisdiction. NAMA cannot make any official determination regarding a member’s ability to legally practice his or her profession, and does not have jurisdiction to consider civil or criminal legal action against any of its members. NAMA cannot intervene on your behalf in a civil or criminal case, nor can it provide you advice regarding civil or criminal legal action. NAMA reserves the right to address each complaint in the manner it considers appropriate under the circumstances presented and in accordance with its applicable policies and procedures.

PART ONE – Complainant Information. You must provide your name, address, email and phone number. If you have already contacted NAMA and been provided a reference number, please indicate this number in the space provided. If your complaint pertains to a matter currently being investigated by NAMA, please also indicate this in the space provided.

PART TWO – Member Information. You must provide the member’s name, organization, address, email, and phone number. If you do not have all of this information, the member’s name and organization are sufficient.

PART THREE – Facts/Allegations. Describe each incident or activity about which you are complaining. Recite all of the details, in chronological order, supplying dates where possible. Simply alleging conclusions without setting out facts that support those conclusions will result in the need for NAMA to ask you for additional information and may delay a disposition of your complaint. Number any additional pages you attach. If you have letters, documents or other evidence, you should attach copies (**DO NOT SEND ORIGINAL DOCUMENTS**). Mark your attachments as exhibits (A, B, C, etc.), and refer to them in your description of the matters about which you are complaining. **Do not bind, staple, tab or index your documents. You may underline but DO NOT HIGHLIGHT documents under any circumstances.** Highlighting will obscure the underlying text when scanned into our computers. **Do not attach media such as audio tapes, thumb/flash drives, CDs, oversized documents, or photographs.** We cannot process any media that cannot be scanned into the electronic record. It is not necessary to include a copy of these instructions.

PART FOUR – Witnesses. Mark where indicated to acknowledge whether there are witnesses to support your complaint. Your complaint will be considered even if there are no witnesses. If you have witnesses, use the

attached witness list form to provide their contact information and a brief description of the facts about which each witness will testify. If you do not attach a list of witnesses, we will presume you have no witnesses, other than the member and yourself.

PART FIVE – Actions to Resolve Complaint. Describe the actions you have taken to address the matters about which you are complaining. If you have lodged a complaint elsewhere, identify the person or entity to whom you lodged the complaint, and describe the outcome of each complaint.

PART SIX – Requested Action. Describe what you would like NAMA to do to address the matters about which you are complaining.

PART SEVEN – Anonymity Request. NAMA will only act upon a formal complaint concerning a NAMA member, and will not act upon an anonymous complaint. As part of an investigation, NAMA will contact the member that is the subject of the complaint, and provide them a copy of the complaint and an opportunity to respond. NAMA reserves the right to withhold the name of a complainant from the member via redaction and other means, if circumstances exist which may lead to retribution or other adverse consequences to the complainant. If you would like your name to be withheld from the member in connection with your complaint, where indicated, place a check mark and explain with specificity why such confidentiality is required. Note that NAMA cannot guaranty your anonymity, especially if the nature of your complaint may indicate your identity to the member or another party. If NAMA determines that your complaint cannot be properly investigated if your name remains confidential, then NAMA has the discretion to decline to investigate your complaint. Additionally, in an effort to balance fairness for both the complainant and the member, NAMA may choose to only investigate an anonymous complaint if it is corroborated by a subsequent complaint or other information.

PART EIGHT – Authorization to Release. You must sign this section authorizing NAMA for investigation purposes and proceedings related to the complaint, to release the complaint form and any associated information or materials. Your signature also authorizes the release of the same form, information and materials to other regulatory agencies, as appropriate, for use in any investigation or proceeding against the member.

PART NINE – Signature. You must sign the complaint form, and certify under penalty of perjury that your allegations are true, correct and complete. Unsworn complaints are not considered.

Submit the *ORIGINAL* complaint form to our office via U.S. Mail. NAMA requires your original signature. A copy will not be accepted. Send the original completed form to:

National Ayurvedic Medical Association
Attn: Complaint Department
8605 Santa Monica Blvd., #46789
Los Angeles, CA 90069-4109

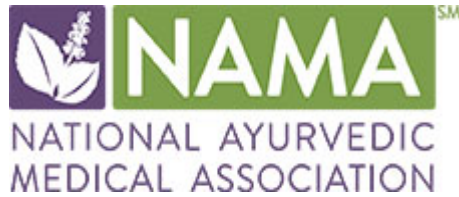
MAILING INSTRUCTIONS

IMPORTANT NOTICE FOR COMPLAINANTS AND RESPONDENT-MEMBERS

Materials Received That Do Not Comply With These Instructions May Be Returned Or Not Otherwise Incorporated Into The File

The National Ayurvedic Medical Association (“NAMA”) converts its disciplinary files to electronic media. All submissions are scanned into an electronic record and hard copies are discarded. To help ensure the timely processing of inquiries/complaints, responses and rebuttals, please review the following instructions prior to providing your submission.

1. Limit your submission to no more than 25 pages including exhibits. If you have additional documents or materials available, reference those documents and/or materials in your written submission as “available upon request”. Should NAMA need to obtain copies of any such documents and/or materials, a subsequent request will be sent to you.
2. Do not bind, staple, tab or index your documents. You may underline but do not highlight documents under any circumstances. Do not submit materials in color. When documents are scanned in our disciplinary files, highlighting and color will obscure the underlying text.
3. Do not attach media such as audio tapes, thumb/flash drives, CDs, or photographs. We cannot process any media which cannot be scanned into the electronic record.
4. Do not submit your original documents. All documents will be discarded after scanning and we will not be able to return any originals submitted to our office. The only original documents that should be provided to our office are the complaint form, response and certificate of disclosure.
5. **Whether you are a complainant or a respondent-member, please do not submit confidential or privileged information.** Documents submitted to our office may become public record. Confidential/privileged information should be redacted. Such information includes, but is not limited to, bank account numbers, social security numbers, credit card account numbers, and medical records. If information of this nature is important to your submission, please describe the nature of the information and indicate that it is available upon request. A NAMA representative will contact you to make appropriate arrangements for the protection of any such information (to the extent permitted by law) as part of the investigation of the complaint.
6. **Please provide your submission only one time. Do not submit duplicates via email, facsimile transmission or by any other means. Do not include these instructions. Respondent-members do not need to include a copy of the complaint.**



COMPLAINT FORM

PART ONE – Complainant Information

Your Name: _____

Organization: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ E-mail: _____

NAMA Reference No.: _____

Does this complaint pertain to a matter currently being investigated by NAMA, the subject of a civil lawsuit, or part of a criminal investigation? Yes No

PART TWO – Member Information

Member Name: _____

Organization: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ E-mail: _____

PART THREE – Facts/Allegations

The specific thing(s) I am complaining about are: _____

Attach additional sheets if necessary

PART FOUR – Witnesses

_____ The witnesses, other than myself, in support of my complaint are: [See Attached Witness List]

_____ I currently have no other witnesses in support of my complaint.

PART FIVE – Actions to Resolve Complaint

I have taken the following actions to address the things I am complaining about: _____

Attach additional sheets if necessary

PART SIX – Requested Action

What would you like NAMA to do to address the matters about which you are complaining? _____

Attach additional sheets if necessary

PART SEVEN – Anonymity Request

_____ I would like my name withheld from the member in connection with my complaint, and believe that if my name is disclosed I will be subject to retribution or other adverse consequences. Please describe with specificity the existing circumstances which may lead to retribution or other adverse consequences: _____

Attach additional sheets if necessary

PART EIGHT – Authorization for Release

I hereby authorize NAMA, for the purpose of investigation and proceedings involving issues relating to this complaint, to release this Complaint Form and all materials and other information attached to or provided in connection with this form or my complaint. I also authorize NAMA to release this Complaint Form, and all materials and other information attached to or provided in connection with this form or my complaint, to other regulatory agencies, as appropriate, for use in any investigation or proceeding against the member that is the subject matter of my complaint.

Signature

PART NINE – Signature

Under penalties of perjury, I declare that the foregoing facts are true, correct and complete.

Signature

Print Name

Date

Return the completed form to:

National Ayurvedic Medical Association
Attn: Complaint Department
8605 Santa Monica Blvd., #46789
Los Angeles, CA 90069-4109

**WITNESS LIST
(NAMA Complaint)**

Complainant Name: _____

Member Name: _____

WITNESS ONE:

Name: _____

Organization: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ E-mail: _____

Description of the facts about which this witness will testify: _____

WITNESS TWO:

Name: _____

Organization: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ E-mail: _____

Description of the facts about which this witness will testify: _____

WITNESS THREE:

Name: _____

Organization: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ E-mail: _____

Description of the facts about which this witness will testify: _____

Attach additional sheets if necessary