

COMPLAINT INFORMATION AND PROCESS

The Alabama State Board of Midwifery (ASBM) is a State Board created by the Alabama legislature to regulate and enforce the practice of midwifery in the State of Alabama pursuant to statute and rules. The statute allows the Board to adopt rules to enforce the provisions. Upon receipt of a complaint against any individual licensed by the Board, the following process takes place. Ala. Code 2017-383 34-19-15, et seq.

Step 1: The ASBM receives a written complaint and other related documents. The complaint will not be processed unless the Complaint Form and all other related documents are fully completed and signed.

Step 2: The ASBM will acknowledge receipt of the complaint and request the complainant to complete and sign any other documents necessary to investigate the complaint.

Step 3: The ASBM will request, utilizing signed releases and authorizations, all necessary documents and records.

Step 4: Depending on the nature and circumstances of the complaint, the complainant or other individuals may be interviewed by the ASBM or its duly authorized agents or representatives.

Step 5: The complaint and all documents and information obtained are then assigned to a Complaint Review Committee consisting of three members of the ASBM. The Complaint Review Committee then determines whether probable cause exists to support a violation of any of the provision of the law or statute. If there is a determination of no probable cause, the complainant and the midwife are so notified. If there is a determination that probable cause exists, the administrative disciplinary process is instituted, which includes, among other things, a notice of charges and hearing before the ASBM.

Step 6: At the conclusion of the hearing, the ASBM renders a decision. If there is a determination of guilt, the ASBM has disciplinary options including revocation, suspension or probation of the midwifery license, fines and/or the imposition of costs.

Step 7: The ASBM strives to complete the complaint process as expeditiously as possible; however, for a variety of reasons, it is not uncommon for the complaint process to take a considerable amount of time.

COMPLAINT FORM

Name of Complainant

Phone

Work Address

Email Address

City, State, Zip

Statement of complaint - Include dates, name(s), of witness(es) and attach documents (if any). Pages may be added if necessary.

Name of Midwife

Phone

Address

City

State

Zip

By signing this form, I authorize the Alabama State Board of Midwifery, its agents and/or its duly authorized representatives to disclose this information to any necessary individual or entity. I also agree to execute any releases, other related or necessary documents in order for the ASBM to process and investigate my complaint.

Signature of Complainant

Date

Submit to
Alabama State Board of Midwifery
PO Box 1282
Gardendale, AL 35071