

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
MIDWIFERY COUNCIL

7 Eagle Square, Concord, N.H. 03301
Telephone 603-271-9482 · Fax 603-271-6702



NH Midwifery Council Complaint Form

Pursuant to 326-D:8 I(b) and Mid 203.01, please provide the following information:

(1) The name and address of the complainant;

a. Date: _____

b. Name: _____

c. Address: _____

Street

City

State/Zip

d. Email: _____

(2) If the complaint is made on behalf of another person, the name of that person and the relationship of that person to the complainant;

a. Name: _____

b. Relationship: _____

(3) The date of the complaint;

a. Date: _____

(4) The name of the midwife complained against;

a. Name of Midwife: _____

(5) If known, the business address and telephone number of the midwife complained against;

a. Address: _____

b. Phone number: _____

(6) A detailed description of the treatment, action, or event complained about;

(7) The beginning and ending dates of the treatment, action, or event being complained about; and

a. Begin Date: _____

b. End Date: _____

c. Action or Event: _____

(8) As attachments, copies, but not originals, of any documents which relate to the complaint.

Send to:

**Chair of NH Midwifery Council
Office of Professional Licensure and Certification
State of New Hampshire
Division of Health Professions
7 Eagle Square
Concord, NH 03301**