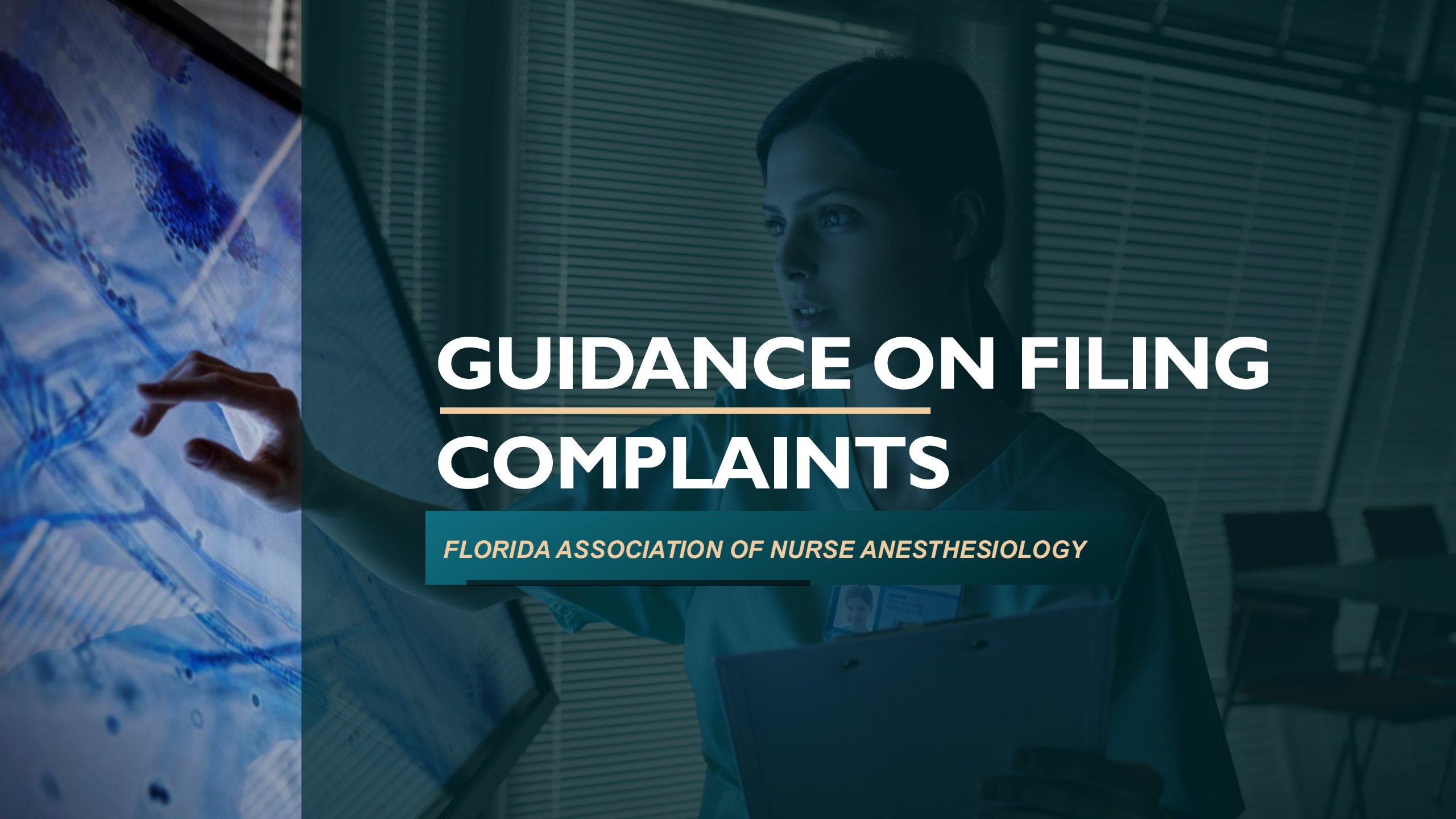




GUIDANCE ON FILING COMPLAINTS

FLORIDA ASSOCIATION OF NURSE ANESTHESIOLOGY

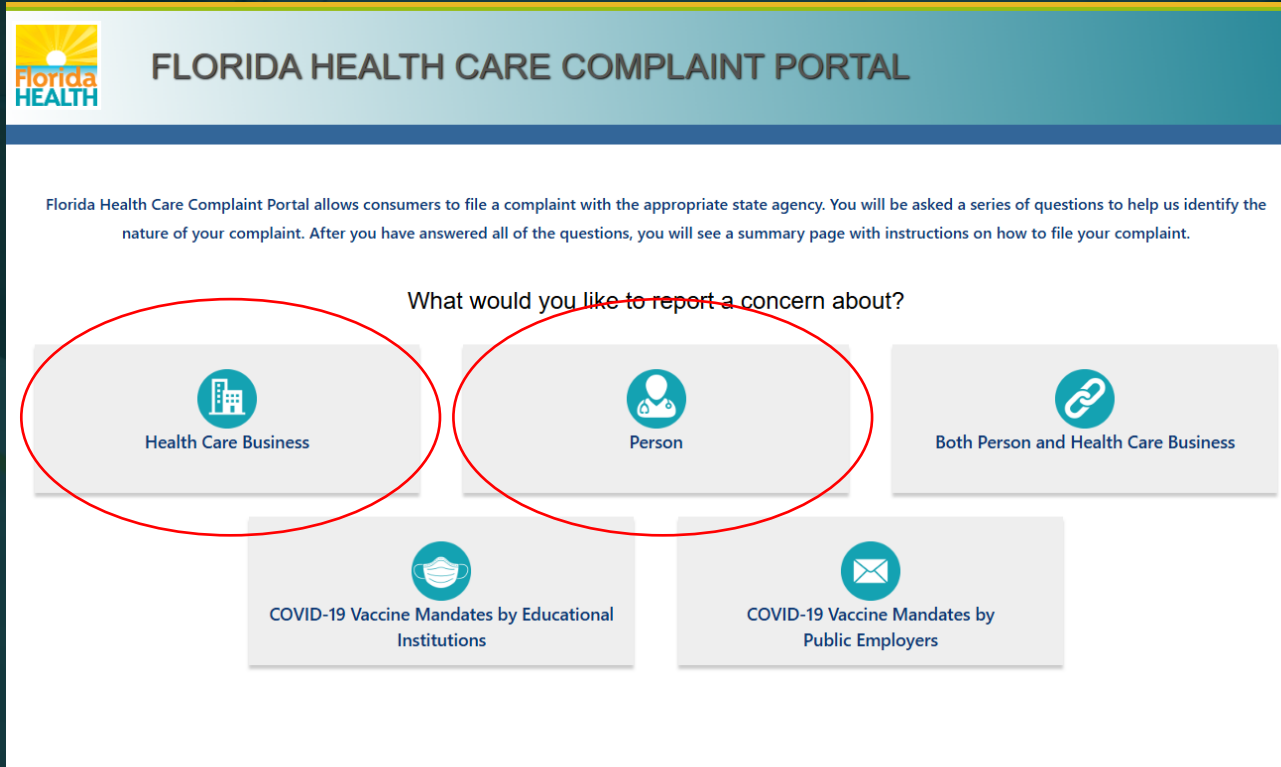


ACCESSING THE FLORIDA HEALTH CARE COMPLAINT PORTAL

To file a complaint, you must first access the Florida Health Care Complaint portal website at the following: <https://complaint-portal.mqa.flhealthsource.gov/home>



NAVIGATING THE HEALTH CARE COMPLAINT PORTAL



The screenshot shows the Florida Health Care Complaint Portal interface. At the top is the Florida Health logo and the title "FLORIDA HEALTH CARE COMPLAINT PORTAL". Below this is a paragraph explaining the portal's purpose. The main section is titled "What would you like to report a concern about?" and contains five buttons: "Health Care Business", "Person", "Both Person and Health Care Business", "COVID-19 Vaccine Mandates by Educational Institutions", and "COVID-19 Vaccine Mandates by Public Employers". The "Health Care Business" and "Person" buttons are circled in red.

Florida Health

FLORIDA HEALTH CARE COMPLAINT PORTAL

Florida Health Care Complaint Portal allows consumers to file a complaint with the appropriate state agency. You will be asked a series of questions to help us identify the nature of your complaint. After you have answered all of the questions, you will see a summary page with instructions on how to file your complaint.

What would you like to report a concern about?

Health Care Business

Person

Both Person and Health Care Business

COVID-19 Vaccine Mandates by Educational Institutions

COVID-19 Vaccine Mandates by Public Employers

Once you reach the Florida Health Care Complaint portal, you will have the option to report a health care facility and/or a health care practitioner. Select **“Health Care Business”** or **“Person,”** as applicable. The procedures for filing each type of complaint are outlined in the following slides.

A woman with curly hair, wearing a white lab coat and a name tag, is smiling at the camera. She is standing in a medical office or hospital setting. In the background, there are several computer monitors displaying medical images, including what appears to be a brain scan. The overall image has a dark blue overlay.

FILING A COMPLAINT AGAINST A HEALTH CARE BUSINESS

FILING HEALTH CARE BUSINESS COMPLAINT

AHCA Health Care Facilities

You have indicated your complaint is in regards to a "Business".

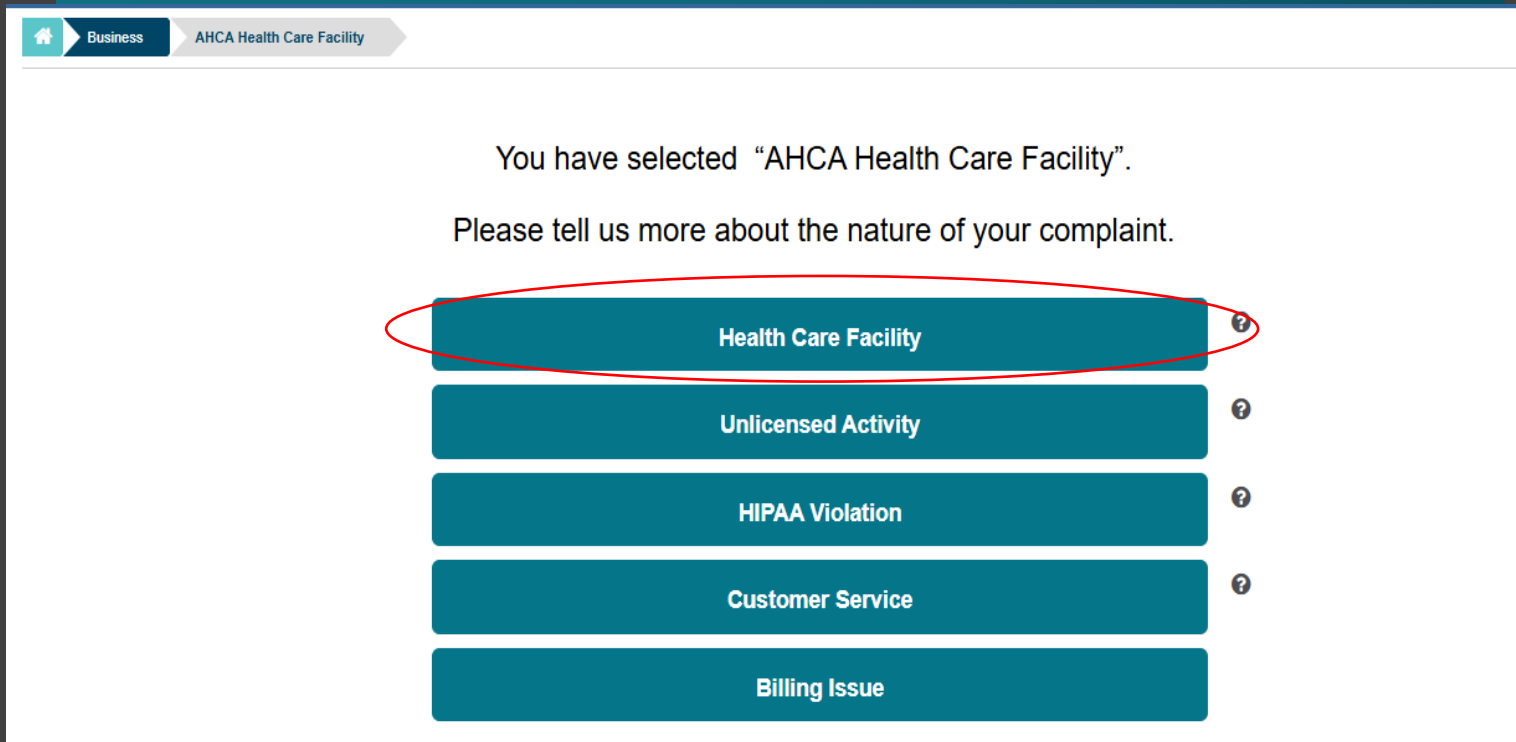
Please indicate the nature of your complaint.

- AHCA Health Care Facility** ?
- DOH Health Care Facility ?
- Apartment/Rental Unit
- Homeless Shelter
- Independent Living Facility ?
- Restaurant/Eating Establishment
- School
- Substance Abuse Treatment Center

[◀ Back](#) [Start Over ▶](#)

Upon selecting **"Health Care Business,"** you will be directed to a page with the option of selecting the AHCA Health Care Facility reporting page. Select **"AHCA Health Care Facility"** to make a complaint against a hospital or ambulatory surgical center.

NATURE OF COMPLAINT



The screenshot shows a web interface for filing a complaint. At the top, there is a navigation bar with a home icon, a 'Business' tab, and a breadcrumb 'AHCA Health Care Facility'. The main content area has the text: 'You have selected "AHCA Health Care Facility". Please tell us more about the nature of your complaint.' Below this text is a vertical list of five teal buttons, each with a question mark icon to its right. The first button, 'Health Care Facility', is circled in red. The other buttons are 'Unlicensed Activity', 'HIPAA Violation', 'Customer Service', and 'Billing Issue'.

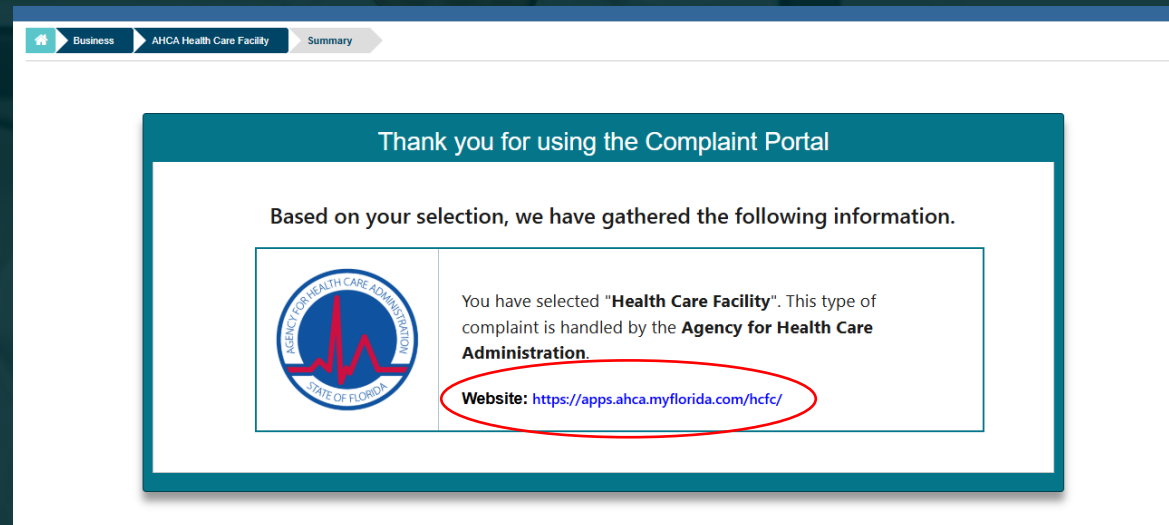
Complaint Nature
Health Care Facility
Unlicensed Activity
HIPAA Violation
Customer Service
Billing Issue

Upon selecting “**AHCA Health Care Facility,**” you will be taken to a page where you will select the nature of your complaint.

As circled in red, select “**Health Care Facility**” to proceed.

PROCEED TO AHCA WEBSITE

Upon selecting “**Health Care Facility**,” you will be directed to a link that takes you to the Agency for Health Care Administration Complaint form.



The screenshot shows a web browser window with a navigation bar at the top containing 'Business', 'AHCA Health Care Facility', and 'Summary'. The main content area has a teal header that says 'Thank you for using the Complaint Portal'. Below this, a message states: 'Based on your selection, we have gathered the following information.' To the left of this message is the AHCA logo, which is a circular seal with a red heart and a blue pulse line, and the text 'AGENCY FOR HEALTH CARE ADMINISTRATION' and 'STATE OF FLORIDA'. To the right of the logo, the text reads: 'You have selected "Health Care Facility". This type of complaint is handled by the Agency for Health Care Administration.' Below this text, the website URL 'https://apps.ahca.myflorida.com/hcfc/' is displayed and circled in red.

Business AHCA Health Care Facility Summary

Thank you for using the Complaint Portal

Based on your selection, we have gathered the following information.

 You have selected "Health Care Facility". This type of complaint is handled by the Agency for Health Care Administration.

Website: <https://apps.ahca.myflorida.com/hcfc/>



Licensed Health Care Facility Complaints

Visitation Related Complaint

The Agency for Health Care Administration is committed to ensuring families are able to visit their loved ones in Florida's licensed health care facilities.

If you prefer to file your complaint about lack of visitation or other visitation restrictions in a Nursing Home, Assisted Living Facility, Hospital, or Intermediate Care Facility for Individuals with Intellectual Disabilities over the phone, please call us at 1-888-419-3456. Our Call Center is open Monday through Friday, 8am to 5pm, EST.

All Other Health Complaints

If you think a health care facility may have violated the law relating to your care, or the care of someone you know, please provide as much detail as possible in the boxes below. When completing the "narrative" portion of the form, please include full names of patients/residents, and staff involved. If you know the diagnoses and type of insurance the patient/resident has, please include that information. When describing your concern, please include dates of when events happened. Incomplete information may result in our inability to take action. Please understand not all concerns may be actual violations of the law. In general, incidents older than twelve months do not result in an on-site inspection, though the information is retained in our file. After we have reviewed your information, we will send you an e-mail response explaining the disposition of your complaint.

To file a complaint about a health care facility that is regulated by the Agency for Health Care Administration, please complete the fields in the complaint form below.

If you prefer to file your complaint about quality of care over the phone, please call us at 1-888-419-3456. Our Call Center is open Monday through Friday, 8am to 5pm, EST.

To verify that the facility is regulated by our Agency, or to view previous inspection reports, visit www.floridahealthfinder.gov

Note: Practitioners (doctors and/or physician's offices, nurses, dentists, etc.) are regulated by the Department of Health. To visit their site and complete their form go to www.doh.state.fl.us/mqa/enforcement/enforce_csu.html.

Please select before continuing:

Facility Type:

Select A Facility Type

OR

Facility County:

Select A County

Start typing the name of your Facility and select it from the list below when it appears

You will enter either the Facility Type or Facility County and can then select the name of the facility.

AHCA COMPLAINT WEBSITE PROMPTS AND SUBMISSION

After selecting the Facility Name, you will be directed to enter the information shown below. After entering this information, you will then click **“Submit Complaint”**.

It is important to enter specific information. The more specific you are (dates, times, names of other providers or individuals present, etc.), the better AHCA’s investigation is likely to be.

Facility Information:

EXAMPLE FACILITY NOT A REAL PLACE

123 FAKE FACILITY WAY

TOWNVILLEBERG

54321

Facility Website

Date of Event

Patient/Resident's Name

Patient/Resident's Date of Birth

Patient/Resident's Insurance (ex: Medicaid, Private, Uninsured)

Narrative ***The Narrative field is required.** This field does not allow more than 4000 characters. You may upload an attachment if necessary.

The more specific and detailed you can be here the better.

Complainant's Identifying Information Optional

Note: Under Florida law, there is no protection of your identity as a complainant, unless you choose to remain anonymous. You will not hear further from us, if you remain anonymous.

Name Email An email copy of this submission will be sent to the email address submitted

Street City State Zip

Telephone Day Alternate

How did you learn about this form? ex: Internet search, Friend, AHCA Website

Thank you for sending us this information. If we determine we have legal authority to do a complaint inspection related to your concerns, we will do so. At that point, a surveyor (inspector) will review the laws that apply to your case, review the written information at the facility, observe care of current patients/residents, and conduct interviews with others receiving care, and staff providing care. The surveyor will determine if the facility is violating any law at the time of the inspection. You will receive notification with the results of the complaint inspection, if we have your contact information.

If you wish to print your completed form, please do so now, using your browser button. There will not be another opportunity to print this form.

☐ I'm not a robot 

Submit Complaint

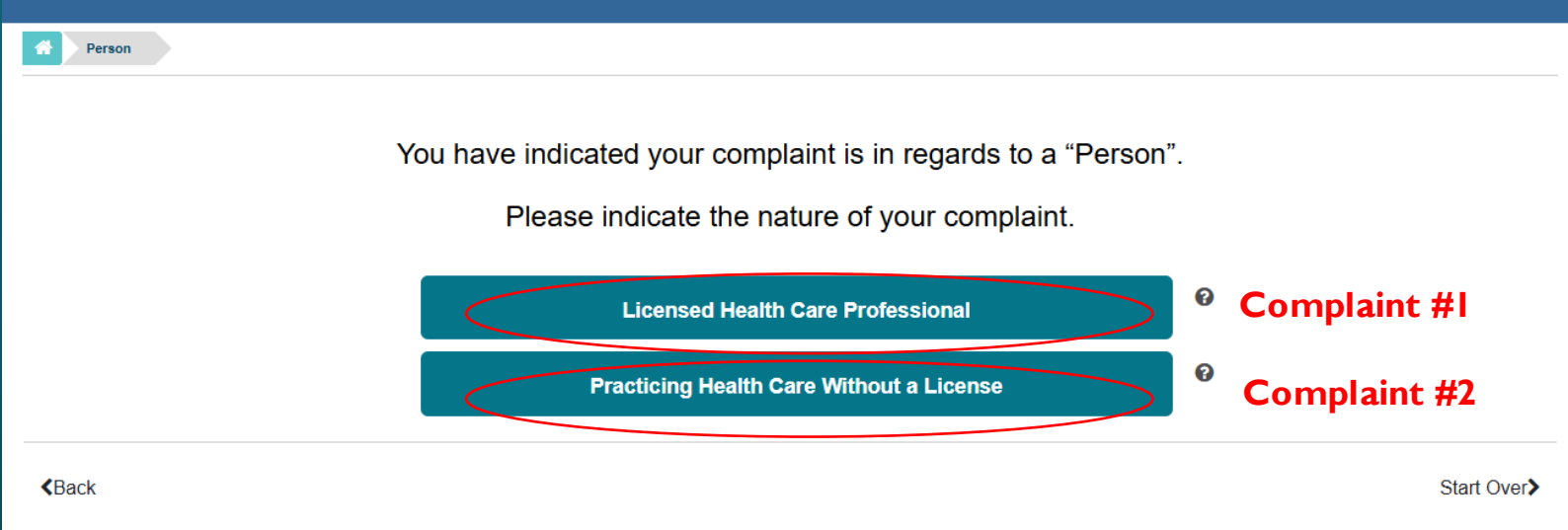


FILING A COMPLAINT AGAINST A PERSON

FILING COMPLAINT AGAINST PERSON

Filing Complaint Against
Licensed Health Care Professional

Filing Complaint for Practicing Health
Care Without a License



The screenshot shows a web interface for filing a complaint. At the top, a breadcrumb trail shows a home icon followed by 'Person'. The main heading reads 'You have indicated your complaint is in regards to a "Person".' Below this, a prompt asks 'Please indicate the nature of your complaint.' There are two teal buttons: 'Licensed Health Care Professional' and 'Practicing Health Care Without a License'. Both buttons are circled in red. To the right of each button is a question mark icon and a red label: 'Complaint #1' for the first button and 'Complaint #2' for the second. At the bottom left is a '< Back' link, and at the bottom right is a 'Start Over >' link.

Person

You have indicated your complaint is in regards to a "Person".

Please indicate the nature of your complaint.

Licensed Health Care Professional ? **Complaint #1**

Practicing Health Care Without a License ? **Complaint #2**

< Back Start Over >

If you selected **“Person,”** as shown on Slide 3, you will be directed to choose whether you are filing a complaint against a Licensed Health Care Professional or an individual that is Practicing Health Care Without a License.

If you are filing a complaint against both, select the Licensed Health Care Professional first.

NATURE OF COMPLAINT – LICENSED HEALTH CARE PROFESSIONAL

You have selected “Licensed Health Care Professional”.

Please tell us more about the nature of your complaint.

Customer Service



HIPAA Violation



General Billing Issue



Balanced Billing



Insurance Issue

All Other Issues

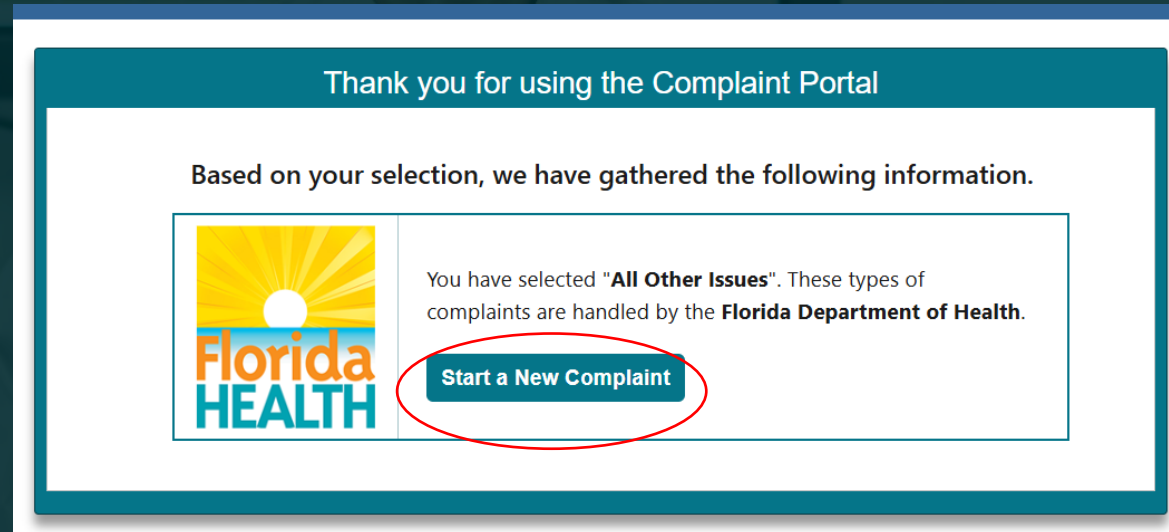


After selecting “**Licensed Health Care Professional**,” you will be taken to page where you will select the nature of your complaint.

If the issue you are reporting is not specifically listed, select “**All Other Issues**” to proceed in making your complaint.

PROCEED TO DOH WEBSITE

When you select “**All Other Issues**,” you will be taken to the Florida Department of Health website to make the complaint. You will select “Start a New Complaint” to begin.



FILING YOUR DOH COMPLAINT AGAINST A LICENSED HEALTH CARE PROFESSIONAL

Next, you will select “I have the License Number” or “No, I will search licensee by name.”

See Slide 15 for what the following screen should look like.



Online Complaint

[FLHealthSource.gov](#) [License Verification](#) [Download Patient Info Release Form](#) [Florida Health Care Complaint Portal](#)

[Home](#) [Health Care Provider](#) [Complainant](#) [Complaint](#) [Law Enforcement](#) [Patient](#) [Document Upload](#) [Review](#)

This information MUST be completed to investigate your complaint, as we correspond via email or U.S. mail.

Note: The session will expire in 30 minutes if no activity. The unsubmitted data will be removed from the system when session expires.

License Information

Do you know the License Number of the Health Care Provider?

I have the License Number

No, I will search licensee by name

Report Unlicensed Activity

FILING COMPLAINT VIA LICENSE NUMBER OR LICENSEE NAME

Submitting Complaint by License Number

Enter license number and click Search.

Submitting Complaint by Licensee Name

Slides 16-19 cover how to file a complaint by name or license number.

[Home](#) [Health Care Provider](#) [Complainant](#) [Complaint](#) [Law Enforcement](#) [Patient](#) [Document Upload](#) [Review](#)

This information MUST be completed to investigate your complaint, as we correspond via email or U.S. mail.
Note: The session will expire in 30 minutes if no activity. The unsubmitted data will be removed from the system when session expires.

License Search

Please enter license number and click on Search button to retrieve the license information

License Number*

Enter **License Prefix** and License Number with no spaces, leading zeros or colons. Example: ME99999 or ME069999.

Back to Beginning

Search

[Home](#) [Health Care Provider](#) [Complainant](#) [Complaint](#) [Law Enforcement](#) [Patient](#) [Document Upload](#) [Review](#)

This information MUST be completed to investigate your complaint, as we correspond via email or U.S. mail.
Note: The session will expire in 30 minutes if no activity. The unsubmitted data will be removed from the system when session expires.

Health Care Provider Information

Search licensed health care practitioner.

Practitioner First Name

Practitioner Last Name or Business Name *

Profession *

-- Select --

Practitioner City

Back to Beginning

Search for License

FILING COMPLAINT BY LICENSEE NAME OR LICENSE NUMBER

Step A: Enter Health Care Provider Information and confirm practitioner Information.

You are only required to enter the Profession, City, and Business Name OR Practitioner Last Name to proceed to Step B. However, it is recommended that you enter all the information you know.

Health Care Provider Information

Profession [dropdown]
License Number [text]
Practitioner First Name [text]
Practitioner Last Name [text]
Practitioner Middle Name [text]
Business Name [text]
Address Line1 [text]
Address Line2 [text]
Zip Code (Please enter only first 5 digits) [text]
City [text]
State -- Please select --
Phone Number (555) 555-5555 [text] Ext. [text]
Website [text]
New License Search I confirm this is the practitioner

Step B: Enter your information in Complainant Information section. You are only required to enter the *Complainant Source*, *Last Name*, and *Email Address* to proceed to Step C.

Note: You are *not* required to disclose your name or email address. If you wish to file anonymously, DOH suggests that you enter **“Anonymous”** for first and last name and **“anonymous@gov.com”** for email.

Complainant Information

Complaint Source Other Licensee [dropdown]
First Name Anonymous [text]
Last Name Anonymous [text]
Middle Name [text]
Agency/Company Name (If applicable) [text]
Address Line1 [text]
Address Line2 [text]
Zip Code (Please enter only first 5 digits) [text]
City [text]
State -- Select -- [dropdown]
Phone Number (555) 555-5555 [text] Ext. [text]
Email Address anonymous@gov.com [text]
No Patient Involved [checkbox]
Back to Practitioner Information Save and Continue to Complaint Information

Additional Information Regarding Anonymous Complaints: If you submit the complaint anonymously, you will not receive updates as to the complaint status. If the complaint is ultimately investigated, your complaint description will be shared with the accused.

FILING COMPLAINT BY LICENSEE NAME OR NUMBER CONT'D

Step C: Enter Complaint Information.

It is important to enter specific information. The more specific you are (dates, times, names of other providers or individuals present, names of patients, etc.) the better DOH's investigation is likely to be.

Once you have entered the information, hit Save and Continue to Law Enforcement.

Step D: Enter Law Enforcement Information (if applicable). Upon saving the Law Enforcement information, proceed to Step E.

Complaint Information

Incident Date

Complaint Description
Include facts, details, dates, locations, etc.
(who, what, when and where)

Law Enforcement Information

If the incident involved criminal conduct, contact local law enforcement. Have you contacted local law enforcement?
☐ Yes ☒ No

First Name

Last Name

Middle Name

Date of Report

Case Number

Agency Name

FILING COMPLAINT BY LICENSEE NAME OR NUMBER CONT'D

Step E: Enter all the Patient Information you have. You must at least enter (1) your relationship to the patient and (2) the patient's last name. Once you've entered the information, click Add Patient. If there is more than one patient involved, add other patient profiles.

If there is no patient involved, enter “unknown” for the patient's last name.

Step F: If you have any supporting documents, you may upload them here. There is a maximum of two uploads. Upon uploading the documents, proceed to Step G.

Patient Information

Note: The department is not responsible for obtaining patient records.

Relationship to Patient: Other

First Name: Last Name: Middle Name:

Date of Birth: mm/dd/yyyy Phone Number (555) 555-5555

Address Line1: Address Line2: Zip Code (Please enter only first 5 digits):

City: State: -- Select --

Add Patient Clear

Name	Date Of Birth	Phone	Address	Actions
blank blank (Other)				View/Edit Delete

Back to Law Enforcement Information Continue to Document Upload

Document Upload

If you have any supporting documents, please upload them here. A maximum of 2 documents are allowed. If you have additional documentation that you would like to include, please email them to below email address after submission. Please include your reference number in your email.
Email: MQA.ConsumerServices@flhealth.gov

Note: It is the patient's or the patient's legal representative's responsibility to request records from the practitioner.

Document type: -- Select --

Select a file (pdf only, file name only allows alpha numeric, space, dash, plus, underscore, dot, parentheses and apostrophe.):

Choose File No file chosen Upload File

Uploaded documents

No document uploaded

Back to Patient Continue to Review

FILING COMPLAINT BY LICENSEE NAME OR NUMBER CON'T.

Step G: Lastly, verify all information prior to submission. For the final signature, you can enter randomized characters to maintain anonymity or use **“Anonymous”**.

Review

Note: The session will expire in 30 minutes if no activity. The unsubmitted data will be removed from the system when session expires. Please submit the form as soon as it is completed.

Practitioner	
Profession	
License Number	
Practitioner First Name	
Practitioner Last Name	
Practitioner Middle Name	
Business Name	
Address Line1	
Address Line2	
Zip Code	
City	
State	
Phone Number (555) 555-5555	Ext.
Website	

Complainant	
Complaint Source	Consumer
First Name	jane
Last Name	doe
Middle Name	

Complaint	
Incident Date	07/16/2026
Complaint Description	fddhhdh
Include facts, details, dates, locations, etc. (who, what, when and where)	

Law Enforcement	
If the incident involved criminal conduct, contact local law enforcement. Have you contacted local law enforcement?	
☐ Yes ☒ No	
First Name	
Last Name	
Middle Name	
Date of Report	
Case Number	
Agency Name	

Patient			
Name	Date Of Birth	Phone	Address

Patient			
Name	Date Of Birth	Phone	Address

Uploaded Documents	
No document uploaded	

Please enter your name
(a signature will be generated automatically):

☐ I'm not a robot 

This site is protected by reCAPTCHA. [Learn more](#)

Submit My Complaint

A woman with curly hair, wearing a white lab coat and a name tag, stands in a medical office. Behind her are several computer monitors displaying anatomical diagrams of the human body. The image is overlaid with a dark teal filter.

REPORTING UNLICENSED PRACTICE

HOW TO REPORT UNLICENSED PRACTICE

Three Methods of Reporting

There are three ways to file an unlicensed practice complaint with the Department of Health. **Filing a complaint through the DOH Portal is highly recommended by the DOH**, as information provided by email or phone may be incomplete or misdirected.

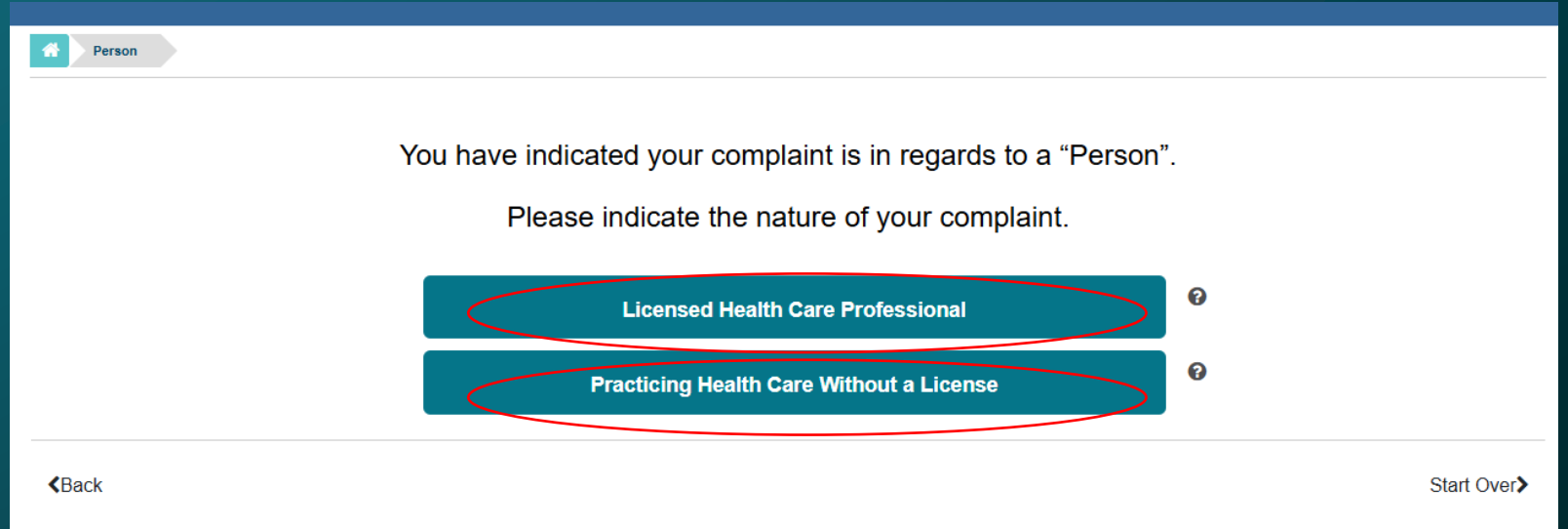
1. **Filing a Complaint through the DOH Portal (<https://complaint-portal.mqa.flhealthsource.gov/home>)**
2. **Emailing haltula@flhealth.gov**
3. **Calling the Unlicensed Activity Hotline at 1-877-HALT-ULA (877-425-8858)**

Anonymous complaints are permitted, although DOH strongly recommends providing identifying information, as it facilitates the investigation. If the complaint is investigated, the complaint description will be shared with the accused.

If reporting via the DOH portal or by email, include a detailed narrative. More information on what your narrative should include can be found on Slide 17, specifically identified in Step C. Note that your email address may be disclosed to the

FILING THROUGH THE PORTAL

Filing Complaint for Practicing Health Care Without a License



The screenshot shows a web portal interface for filing a complaint. At the top, a breadcrumb trail indicates the user is in the 'Person' category. The main heading asks the user to indicate the nature of their complaint. Two buttons are presented: 'Licensed Health Care Professional' and 'Practicing Health Care Without a License'. The second button is highlighted with a red oval. Both buttons have a question mark icon to their right. At the bottom left is a 'Back' link, and at the bottom right is a 'Start Over' link.

Person

You have indicated your complaint is in regards to a "Person".

Please indicate the nature of your complaint.

Licensed Health Care Professional ?

Practicing Health Care Without a License ?

Back Start Over

If you selected **"Person,"** as shown on Slide 3, you will be directed to choose whether you are filing a complaint against a Licensed Health Care Professional or an individual that is Practicing Health Care Without a License.

Select Practicing Health Care Without a License.

SUBMITTING THROUGH THE PORTAL – PRACTICING HEALTH CARE WITHOUT A LICENSE

Thank you for using the Complaint Portal

Based on your selection, we have gathered the following information.

	You have selected "Practicing Health Care Without a License". This type of complaint is handled by the Florida Department of Health. Start a New Complaint
---	--

Upon selecting "**Practicing Health Care Without a License**," you will be taken to the Florida Department of Health website. You will select "Start a New Complaint"

FILING COMPLAINT FOR UNLICENSED PRACTICE

 Online Complaint

FLHealthSource.gov License Verification Download Patient Info Release Form Florida Health Care Complaint Portal

[Home](#) [Health Care Provider](#) [Complainant](#) [Complaint](#) [Law Enforcement](#) [Patient](#) [Document Upload](#) [Review](#)

This information MUST be completed to investigate your complaint, as we correspond via email or U.S. mail.

Note: The session will expire in 30 minutes if no activity. The unsubmitted data will be removed from the system when session expires.

License Information

Do you know the License Number of the Health Care Provider?

I have the License Number

No, I will search licensee by name

Report Unlicensed Activity

Select “Report Unlicensed Activity”

See Slide 25 for next steps.

FILING YOUR DOH COMPLAINT

After selecting “**Report Unlicensed Activity**” you will be prompted to enter the information pictured to the right. The circled fields are required.

After entering this information, you will then select “**I confirm this is the practitioner**” to proceed.

You will then be prompted to enter the information shown on Slides 16-19 and submit the complaint.

Health Care Provider Information

Profession Profession is required.

License Number

Practitioner First Name

Practitioner Last Name Last Name or Business Name is required.

Practitioner Middle Name

Business Name Business Name or Last Name is required.

Address Line1

Address Line2

Zip Code (Please enter only first 5 digits)

City City is required

State

Phone Number (555) 555-5555 Ext.

Website

[Back to Beginning](#) [I confirm this is the practitioner](#)