



Health Care Provider Complaint Form

This information MUST be completed to investigate your complaint, as we correspond via U.S. mail. Incomplete forms CANNOT be processed.

Florida Statutes 456.073, Disciplinary proceeding: (1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. *If an investigation of any subject is undertaken, the Department will furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation.*

Health Care Provider Information:

Name: _____
Last First M.I. Profession License Number

Address: _____
Number & Street City State Zip

Phone number(s): _____ Website: _____

Complainant Information:

Agency/Company Name (if applicable): _____

Your Name: _____
Last First M.I.

Address: _____
Number & Street City State Zip

Phone Number: _____ Email: _____

Patient Information:

Please complete this section if you are filing a complaint on behalf of the patient. If you are the patient, please leave this section blank.

Name: _____
Last First M.I.

Address: _____
Number & Street City State Zip

Phone Number: _____ Date of Birth: _____

Your relationship to the patient:

- Self Parent Son/Daughter Spouse Brother/Sister Legal Guardian Other: _____

Please provide documentation indicating your appointment as the legal authority/guardianship or personal representative.

The Department does not investigate complaints regarding the amount charged for a procedure, broken or missed appointments, customer service, bedside manner, rudeness, professionalism or personality conflicts.

If the incident involved criminal conduct, contact local law enforcement. Have you contacted local law enforcement?

Yes No

If Yes, Name of Contact: _____ Date: _____ Case Number: _____

Agency Name: _____

**Provide a complete description of the complaint/report.
Include facts, details, dates, locations, etc. (who, what, when and where)
Attach additional sheets if necessary.**

**Please make and attach copies of medical records, correspondence, contracts and any other documents
that will help support your complaint. Failure to attach records will delay the investigation.**

Date of Incident: _____

The complaint form must be signed and returned to the Department.

Signature: _____ Date: 3-9-2022

(Required to file complaint)

**You may scan and return the form
via email to:**

MQA.consumerservices@flhealth.gov

You may mail the form to:

Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

You may fax the form to:

850-488-0796

From the Desk of Archbishop Chaz Stevens
Mount Jab | Epic! Church of Mars
Spiritual Engineering for the Soul™

Wednesday, March 9, 2022

Florida Department of Health
Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

RE: Dr. Joseph Ladapo, Practicing Below Minimum Standards or Negligence

Dear Sir or Madam;

When Florida Surgeon General Dr. Joseph Ladapo was giddy over demon seed, I kept my mouth shut, because everyone deserves redemption and really, what sane person could believe humans have been banging ET?

<https://slate.com/news-and-politics/2021/09/florida-surgeon-general-demon-sperm-capitol-rioter-connections.html>

Now Ladapo, a board-certified internist, recommends Floridians forgo childhood vaccinations -- forget Fauci, the CDC, or actual experts -- Dr. Irritable Bowel Syndrome knows best.

An internal medicine physician proposing pediatric immunology recommendations is practicing well outside their scope of expertise. Do you seek cancer treatment guidance from your podiatrist, or ask the local cosmetic dentist to install a pacemaker?

Therefore, I allege Dr. Joseph Ladapo is practicing below minimum standards or negligence and has violated the following:

458.331 Grounds for disciplinary action; action by the board and department. —

Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform. The board may establish by rule standards of practice and standards of care for particular practice settings, including, but not limited to, education and training, equipment and supplies, medications including anesthetics, assistance of and delegation to other personnel, transfer agreements, sterilization, records, performance of complex or multiple procedures, informed consent, and policy and procedure manuals.

PO Box 1123 Deerfield Beach FL 33443
800-951-4082
chazstevens@mountjab.org
mountjab.org
@TheTweetOfJab

From the Desk of Archbishop Chaz Stevens
Mount Jab | Epic! Church of Mars
Spiritual Engineering for the Soul™

I ask for your full review of this matter.

Hope these words find you, your family, and your loved ones safe and well from COVID.



Archbishop Chaz Stevens
Vicar General of Erections
Holy Priest of the Sphincter
Canon Chasuble the Third
Chaplain of his Holy Boner
Mount Jab | Epic! Church of Mars
Ordained in the State of California, State of Florida, and Jezero County, Mars.

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