

**653—24.1(17A,147,148,272C) Complaints.**

**24.1(1)** *Form and content of the complaint.* A complaint will be made in the form deemed acceptable by the board. The complaint will contain the following information:

*a.* The full name, address and telephone number of the complainant, except in instances in which the identity of the complainant is unknown.

*b.* The full name, address and telephone number, if known, of the licensee.

*c.* A clear and accurate statement of the facts that apprises the board of the allegations against the licensee.

**24.1(2)** *Place and time of filing of the complaint.* A written complaint may be delivered in person, by mail or electronically to the board office. The office address is Iowa Board of Medicine, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321.

**24.1(3)** *Immunity.* A person is not civilly liable as a result of filing a report or complaint with the board or peer review committee, or for the disclosure to the board or its agents or employees, whether or not pursuant to a subpoena of records, documents, testimony or other forms of information that constitute privileged matter concerning a recipient of health care services or some other person, in connection with proceedings of a peer review committee, or in connection with duties of the board. However, such immunity from civil liability is not applicable if such act is done with malice.

[ARC 9121C, IAB 4/16/25, effective 5/21/25]