**Section 1285.215 Complaint Handling Procedure**

a) The following definitions shall apply to this Part:

1) "Initial claim" shall mean an allegation made against a physician or physician assistant that results in a preliminary analysis to determine whether the Division should conduct a further investigation.

2) "Complaint" shall mean the initial claim made against a physician or physician assistant that results in further inquiry or investigation. To become a complaint, an initial claim must present a potential violation of Section 22 of the Act, or Section 21 of the Physician Assistant Practice Act of 1987 (PA Act) [225 ILCS 95] and must not be barred by the statute of limitations or be precluded by some other inherent defect that would prevent the Division from being able to prove a violation of the Act or PA Act. An inherent defect is the absence of something necessary for something to be complete. An inherent defect includes, but is not limited to, complainants' refusal to provide necessary medical records so that an investigation may be conducted or completed.

3) "Formal Complaint" shall mean the filing by the Division conforming to the rules of practice before the Division alleging facts that would constitute grounds for the revocation or other disciplinary action of the license of a physician or physician assistant under Section 22 of the Act or Section 21 of the PA Act, respectively.

b) Initial claims against physicians and physician assistants may be made in writing, via email or internet submission, by telephone, or in person. All initial claims shall be recorded by the Division and forwarded to the Chief of Medical Investigations for review. Upon receipt of an initial claim, the Division shall provide to complainants a brochure that provides information about the complaint process, the role of the Division, the reasons for disciplinary action, and other commonly asked questions, to be included in the first mailing sent to the complainant, along with verification that an initial claim was received and forwarded to the Chief of Medical Investigations.

c) After review, the Chief of Medical Investigations, in conjunction with the Chief Medical Coordinator and the Chief of Medical Prosecutions, will recommend to the Complaint Committee whether an initial claim should become a complaint. If the recommendation to the Complaint Committee is for the initial claim to be closed, then the Chief of Medical Investigations shall submit his/her determination and any accompanying analysis of the initial claim to the Complaint Committee with a recommendation for closure except as allowed in Section 7.5(e) of the Act.

d) If, after review the Chief of Medical Investigations, in conjunction with a Medical Coordinator, recommends an initial claim should not be closed it should be referred to the Complaint Committee for consideration.

e) No initial claim or complaint shall be deemed closed except upon recommendation of the Complaint Committee and approval by the Medical Board except as allowed by Section 7.5(e). An initial claim or complaint considered by the Complaint Committee may be:

1) Closed;

2) Deferred pending further action;

3) Referred to medical investigations for further investigations, thereby becoming a complaint; or

4) Referred to medical prosecutions for further action.

f) At any time during an investigation the Division may enter into negotiations to resolve issues informally by way of a consent order. Factors to be considered in deciding whether to enter into a consent order shall include, but not be limited to sufficient investigation of the case; whether there was physical harm or injury to a patient; relative severity of the respondent's alleged conduct; and past practices of the Division.

g) Recusal of a Medical Board Member

1) A Medical Board member shall recuse themself from consideration of a complaint or formal complaint when the member determines that conflict of interest or prejudice exists that would prevent the member from being fair and impartial.

2) Participation in the initial stages of the handling of a complaint, including participation on the Complaint Committee and in informal conferences, does not bar a Medical Board member from future board participation or decision-making relating to that complaint.

(Source: Amended at 48 Ill. Reg. 18129, effective December 13, 2024)