



# HEALTHCARE PRACTITIONER COMPLAINT FORM

## COMPLAINANT/REPORTER

Your Name: Jimenez Mario A  
Last First M.I.

Address: [REDACTED]  
Street Address Apartment/Unit #  
Miami FL 33183  
City State ZIP Code

Home Telephone: [REDACTED] Work Telephone: ( [REDACTED] ) [REDACTED] Best Time to Call: \_\_\_\_\_

## SUBJECT OF COMPLAINT/REPORT

## HEALTHCARE PRACTITIONER INFORMATION

Provider's Name: Vanessa Archer L.  
Last First M.I.

Practice Address: 1390 South Dixie Highway 2109  
Street Address Apartment/Unit #  
Coral Gables FL 33146  
City State ZIP Code

Home Telephone: ( ) Work Telephone: (305) 6691113

Profession: Clinical Psychologist (i.e. doctor, dentist, nurse, etc.)

License Number: PY0005597 (if known)

## PATIENT INFORMATION

(Complete this section if Patient is not the same as Complainant/Reporter)

Name of Patient: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Home Telephone: ( ) Work Telephone: ( )

## YOUR RELATIONSHIP TO PATIENT

Self  Parent  Son/Daughter  Spouse  Brother/Sister  Friend  Other Practitioner

\*\*\* Legal Guardian/provide court documents  Other \_\_\_\_\_

## NATURE OF COMPLAINT/REPORT

(Please check all that apply.)

- Quality of care
- Misdiagnosis of condition
- Substance abuse
- Advertising violation
- Unlicensed
- Inappropriate prescribing
- Sexual contact with patient
- Insurance fraud
- Misfiled prescription
- Excessive test or treatment
- Failure to release patient records
- Impairment/medical condition
- Patient abandonment/neglect

X Problem other than listed above: Trampling of my Religious freedom to keep me apart from my kids. Practicing below minimum standards or negligence.

Have you attempted to contact the practitioner concerning your complaint?  Yes Date: \_\_\_\_\_  No

Would you be willing to testify if this matter goes to a formal hearing?  Yes  No

If the incident involved criminal conduct, you should contact your local law enforcement authority. Have you contacted your local law enforcement authority?  Yes  No

If yes, state the name of the person or office that you contacted. \_\_\_\_\_ When did you make this contact? \_\_\_\_\_ Please give case number if available. \_\_\_\_\_

\*\*\*NOTE: If other than patient or parent of a minor patient, please provide documentation indicating appointment of Legal Authority/Guardianship or Personal Representative.

**PLEASE LIST ANY PRIOR AND/OR SUBSEQUENT TREATING PRACTITIONERS RELATIVE TO YOUR COMPLAINT.**

Full Name:	Address:	Telephone Number:
<u>Michael J. Ditomasso</u>	_____	<u>305-256-4324</u>
		X Prior Treating <input type="checkbox"/> Subsequent Treating
Full Name:	Address:	Telephone Number:
_____	_____	_____
		<input type="checkbox"/> Prior Treating <input type="checkbox"/> Subsequent Treating
Full Name:	Address:	Telephone Number:
_____	_____	_____
		<input type="checkbox"/> Prior Treating <input type="checkbox"/> Subsequent Treating

**WITNESSES (PLEASE GIVE FULL NAME, ADDRESS AND TELEPHONE NUMBER)**

Full Name:	Address:	Telephone Number:
_____	_____	_____
Full Name:	Address:	Telephone Number:
_____	_____	_____
Full Name:	Address:	Telephone Number:
_____	_____	_____

Please give full details of your complaint/report: include facts, details, dates, locations, etc. Please attach copies of medical records, correspondence, contracts, and any other documents that will help support your complaint. (attach additional sheets if necessary).

X I have attached copies of medical records, correspondence, contracts, and any other documents that will help support your complaint.

Dr. Archer was selected by an attorney friend of hers to perform psychological evaluations for a custody case. She then gave a totally biased opinion in favor of her attorney friend's client, failing to comment in her conclusions on the clearly unresponsive-to-treatment psychiatric issues of the other party, and using misleading and easily falsifiable evidence (such as emails) among a great number of other poor practices, leading to the trampling of my religious freedoms by expressing that my "religious beliefs are excessive and intrusive, and likely do approach a fanatic level," contributing to the lost of my unsupervised contact with my kids. She also failed to contact witnesses such as my church deacon that could have helped in the case. I believe that this report represents "practicing below minimum standards or negligence," and as Bob Martinez, former U.S. attorney for Southern Florida pointed in Nubia and Victor Barahona's case, her report is, "at best, incomplete and should bring into question the reliability of her recommendations."

**WHAT WOULD SATISFY YOUR COMPLAINT?**

I would like this board to perform a detailed review of Dr. Archer's professional practices in this case, including her failure to mention the psychiatric findings of the other party in her conclusions, and to take appropriate measures to prevent any further mishandling of cases in the future.

Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Signature: \_\_\_\_\_ Date: 10/29/12  
 (Required to file/complaint)



Please mail this form to:  
 Florida Department of Health  
 Consumer Services Unit  
 4052 Bald Cypress Way, Bin C-75  
 Tallahassee, Florida 32399-3275



November 5, 2012

Mr. Mario Alberto Jimenez



Re:  
Respondent: Vanessa Leigh Archer

Dear Mr. Jimenez:

The Consumer Services Unit receives and reviews all complaints against healthcare practitioners to determine if a possible violation of the law has occurred. If it is determined that a possible violation has occurred, the complaint is investigated and referred to our attorneys for review. This letter acknowledges review of your complaint by the Consumer Services Unit.

Section 61.122, Florida Statutes, states that prior to filing a legal action against a court-appointed psychologist who has acted in good faith in conducting a child custody evaluation, a parent must first petition the judge who presided over the child custody proceeding to appoint another psychologist. You must comply with this statute before the Department can investigate the complaint you have filed against this psychologist. This review has determined that this complaint is premature. Thus, no further action can be taken unless you can provide documentation that the requirements of Section 61.122, F.S. have been met.

Thank you for bringing this matter to our attention. Please be assured protecting the safety and well being of our citizens is a top priority.

The mission of the Department of Health is to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts. If you have any questions, please call the Consumer Services Unit at (850) 245-4339. In addition, if you have any concerns or suggestions about our complaint process, please fill out our *Customer Concerns or Suggestions* form at [www.floridashealth.com/mqa/survey.html](http://www.floridashealth.com/mqa/survey.html).

Sincerely,

A handwritten signature in black ink, appearing to read "Antoinette F. Carter".

Antoinette F. Carter  
Investigation Specialist II

/lw