



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 Inappropriate prescribing Excessive test or treatment

Misdiagnosis of condition Sexual contact with patient Failure to release patient records

Substance abuse Insurance fraud Impairment/medical condition

Advertising violation Misfilled prescription Patient abandonment/neglect

Unlicensed 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: Michael J. Ditomasso Address: _____ Telephone Number: 305-256-4324
 Prior Treating Subsequent Treating

Full Name: _____ Address: _____ Telephone Number: _____
 Prior Treating Subsequent Treating

Full Name: _____ Address: _____ Telephone Number: _____
 Prior Treating 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.

Sincerely,

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

Antoinette F. Carter
Investigation Specialist II

/lw