

Georgia Composite Medical Board



2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913 • www.medicalboard.georgia.gov

Complaint Form

What Can the Georgia Composite Medical Board do?

The Georgia Composite Medical Board (GCMB or Georgia Medical Board) is responsible for protecting health care consumers by ensuring the highest standards of professional conduct, patient care, competency and training for physicians and certain members of the healing arts.

The GCMB reviews and investigates all complaints regarding Physicians (M.D. or D.O.), Physician Assistants, Respiratory Care Professionals, Acupuncturists, Clinical Perfusionists, Orthotists, Prosthetists, Cosmetic Laser Practitioners or Genetic Counselors. Anyone can file a complaint with the Medical Board.

What Can't the Georgia Composite Medical Board do?

We Cannot:

- Investigate complaints against anyone who is not licensed under the under the Medical Board. Some examples are: Nurses, PhDs, Dentists, Hospitals, Insurance Companies, Pharmacists, or Social Workers. *(Such complaints should be directed to the [appropriate state-licensing agency](#))*
- Assist with billing complaints or fees disputes.
- Help with Workers Compensation Complaints.
- Give Legal or Medical Advice.

Instructions for completing the Complaint Form

Please complete all sections below to the best of your ability. Additional details can help with expedited resolutions. If a section does not apply to your complaint please, write "N/A" (not applicable) in the space provided.

- The Board does accept an anonymous complaint. However, there must be sufficient evidence, absent the identity of the complainant, for the Board to determine whether a sanction may be warranted.
- You may obtain additional information about the complaint process at <https://medicalboard.georgia.gov/file-complaint> or you may contact us by telephone at 404-657-6487 with questions.

All complaint forms not submitted electronically should be mailed to the following address.

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2 Peachtree St., NW 6th Floor
Atlanta, GA 30303

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Complainant Information	
I am:	<input type="checkbox"/> The Patient <input type="checkbox"/> Filing this report on behalf of the patient <input type="checkbox"/> A mandatory reporter
What is your relationship to the patient?	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Patient's Lawyer <input type="checkbox"/> Employer <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Colleague <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other
Full Name	
Street Address	
City	
State	
Zip Code	
Phone: Home	
Phone: Work	
Phone: Mobile	
E-Mail	
Patient Information	
Patient Full Name	
Date of Birth	
Date of Incident	
Location of Incident	
Date(s) of Care	_____ through _____

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Person To Be Investigated			
Name			
License Number (If Known)			
Name of clinic or facility			
Street Address			
City			
State			
Zip Code			
Phone Number			
Nature of Complaint			
<p>Check the box that best describes the nature of your complaint:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Advertising violation <input type="checkbox"/> Criminal Conviction <input type="checkbox"/> Excessive Treatment or testing <input type="checkbox"/> Inappropriate prescribing <input type="checkbox"/> Mental or physical impairment <input type="checkbox"/> Unlicensed practice <input type="checkbox"/> Quality of Care <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Other </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Charting irregularities <input type="checkbox"/> Discrimination <input type="checkbox"/> Failure to supervise staff <input type="checkbox"/> Medical records release <input type="checkbox"/> Misdiagnosis of condition <input type="checkbox"/> Patient abandonment/ neglect <input type="checkbox"/> Unprofessional Conduct <input type="checkbox"/> Substance abuse </td> </tr> </table>		<input type="checkbox"/> Advertising violation <input type="checkbox"/> Criminal Conviction <input type="checkbox"/> Excessive Treatment or testing <input type="checkbox"/> Inappropriate prescribing <input type="checkbox"/> Mental or physical impairment <input type="checkbox"/> Unlicensed practice <input type="checkbox"/> Quality of Care <input type="checkbox"/> Sexual misconduct <input type="checkbox"/> Other	<input type="checkbox"/> Charting irregularities <input type="checkbox"/> Discrimination <input type="checkbox"/> Failure to supervise staff <input type="checkbox"/> Medical records release <input type="checkbox"/> Misdiagnosis of condition <input type="checkbox"/> Patient abandonment/ neglect <input type="checkbox"/> Unprofessional Conduct <input type="checkbox"/> Substance abuse
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Have you addressed your concerns with the person listed in this complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what was the result?			
All complaints are investigated. Please tell us what outcome you are seeking?			
Have you filed a complaint with anyone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, with whom?			

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Consumer Questionnaire	
Was the complaint form easy to understand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the Medical Board?	

Do you have any feedback on the complaint process?

Declaration of Doreen Alexander Durity

I, Doreen Alexander Durity, under penalty of perjury, declare:

1. I was born in Trinidad, West Indies, on December 28, 1965.
2. I was detained at Irwin County Detention Center from April 17, 2020 to October 25, 2020.
3. While I was detained at Irwin, I visited Dr. Amin, who performed surgery on me. I went to medical at the detention center because I was experiencing irregular bleeding. I thought it might be related to premenopause or menopause, but the nurse said that it was not normal and that I should see a gynecologist. Nurse Taylor scheduled an appointment for me with Dr. Amin and I saw him on approximately May 7 or May 8, 2020. He examined to me with his hand and did a transvaginal ultrasound. He did not tell me what he was going to do before he put his hand in me. It happened very fast. He was rough and he didn't use any gel or lubricant, so it hurt!
4. He put a long tube the size of a straw inside of me that I think was connected to the screen he was looking at. He told me that I had a cyst the size of a baseball on my right ovary and that it was cancerous. He did not show me the screen from the ultrasound, and I don't know how he knew the cyst was cancerous. When I asked him how big a baseball was, he demonstrated the size of the cyst with my hands, telling me it was very large. I remember him asking me to put my two fists together, and he told me that my cyst was that big.
5. Dr. Amin told me that I needed surgery immediately to remove my cyst. I told him that I did not want surgery because it would delay my removal to my country, and that I really need to be able to fly home because my mother is very sick. He insisted that I needed the surgery. I asked him to please give me something like medicine or something less extreme instead of surgery so that my removal would not be delayed, and I told him I would see a

doctor as soon as I am back in my country. He told me surgery is the only option. Dr. Amin said I needed to get the surgery and he said, “you know what cancer is, don’t you? It could spread all over you and kill you.” I was scared when he said I could die from cancer, so I agreed to the surgery when he said there is no other option. He scheduled the surgery for about one week later.

6. The day of the surgery, I did not see Dr. Amin, but I heard his voice before the procedure. I was not told anything about the procedure or what would happen. A nurse took my vitals and gave me the anesthesia. The surgery was three incisions in my abdomen, and a D&C. I was told the D&C was to stop the cyst from growing back. After the surgery, I did not see the doctor, and no one told me if the procedure was a success. When I was given the anesthesia, I heard Dr. Amin ask someone if I was ready, but I did not see him and he did not speak to me before or after the surgery. After the surgery, the nurse told me recovery would take about two weeks, and I was prescribed pain medicine.
7. I never received the pain medicine that I was prescribed at the detention center. The nurse told me that I would have a follow up with Dr. Amin in 14 days, but I never had a follow up. I have not had a menstrual cycle since the surgery. I was given ibuprofen for 5 days. The following week, I was still in pain, but the detention center did not give me any more medicine.
8. After speaking with other women who had surgery by Dr. Amin, and seeing the news, I believe that I might have not needed the surgery. It happened so quickly – only one week after my examination. He did not do any tests to know if the cyst needed to be removed, and he just scheduled me for surgery one week later even after I told him I did not want surgery. Then when I spoke to other women in detention with me, we realized we all had

the same incisions! So many of us needed the same surgery? Something is not adding up. I think Dr. Amin did wrong to us, and my intuition is that I did not need the surgery. After seeing the news that he was performing hysterectomies on people, I am also wondering if he just removed the cyst or if he removed my ovary as well, and since I never had a follow up, I still do not know what happened during the surgery or if it was successful. My attorney helped me ask ICE for a follow up with a different gynecologist, but I never saw a different doctor. I was recently removed to my country, and I am planning to see a doctor as soon as I have the money for an examination.

9. I feel violated and betrayed by this doctor who I trusted to help me. I hope there will be justice for me and the other women.

10. I declare under penalty of perjury that the foregoing is true and correct.

Doreen Alexander Durity

Date