

# Georgia Composite Medical Board



2 Peachtree Street, NW • 6<sup>th</sup> Floor • Atlanta, Georgia 30303 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://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 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.

Georgia Composite Medical Board  
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																			
Check the box that best describes the nature of your complaint: <table border="0"><tbody><tr><td><input type="checkbox"/> Advertising violation</td><td><input type="checkbox"/> Charting irregularities</td></tr><tr><td><input type="checkbox"/> Criminal Conviction</td><td><input type="checkbox"/> Discrimination</td></tr><tr><td><input type="checkbox"/> Excessive Treatment or testing</td><td><input type="checkbox"/> Failure to supervise staff</td></tr><tr><td><input type="checkbox"/> Inappropriate prescribing</td><td><input type="checkbox"/> Medical records release</td></tr><tr><td><input type="checkbox"/> Mental or physical impairment</td><td><input type="checkbox"/> Misdiagnosis of condition</td></tr><tr><td><input type="checkbox"/> Unlicensed practice</td><td><input type="checkbox"/> Patient abandonment/ neglect</td></tr><tr><td><input type="checkbox"/> Quality of Care</td><td><input type="checkbox"/> Unprofessional Conduct</td></tr><tr><td><input type="checkbox"/> Sexual misconduct</td><td><input type="checkbox"/> Substance abuse</td></tr><tr><td><input type="checkbox"/> Other</td><td></td></tr></tbody></table>		<input type="checkbox"/> Advertising violation	<input type="checkbox"/> Charting irregularities	<input type="checkbox"/> Criminal Conviction	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Excessive Treatment or testing	<input type="checkbox"/> Failure to supervise staff	<input type="checkbox"/> Inappropriate prescribing	<input type="checkbox"/> Medical records release	<input type="checkbox"/> Mental or physical impairment	<input type="checkbox"/> Misdiagnosis of condition	<input type="checkbox"/> Unlicensed practice	<input type="checkbox"/> Patient abandonment/ neglect	<input type="checkbox"/> Quality of Care	<input type="checkbox"/> Unprofessional Conduct	<input type="checkbox"/> Sexual misconduct	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Other	
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<input type="checkbox"/> Sexual misconduct	<input type="checkbox"/> Substance abuse																		
<input type="checkbox"/> Other																			
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?																			

Were there any witness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Witness Name:	Witness Contact:
Witness Name:	Witness Contact:
Witness Name:	Witness Contact:

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date: \_\_\_\_\_

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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?

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1  
2 **DECLARATION OF TATYANA ALEKSEYEVNA SOLODKOVA**

3 **A209-916-485**

4 My name is Tatyana Alekseyevna Solodkova. I am over the age of 18. I currently reside at 132  
5 Cotton Drive, Ocilla, Georgia 31774 in the Irwin County Detention Center. I suffer no legal  
6 disabilities and am competent to testify to the facts stated below. I have neither been offered  
7 nor received any benefit for my testimony below. I am under no duress to give this statement,  
8 and I make this statement for any legal purpose:  
9

- 10 1. I arrived at the Irwin County Detention Center on February 14<sup>th</sup>, 2020. I sought medical  
11 treatment because I had a problem with my kidneys. I had been to a doctor in Russia  
12 regarding my kidney problem but that was many years ago and I have not had the same  
13 problem until I arrived at the Irwin County Detention Center. I believe this is because the  
14 water and food were so bad that it exacerbated my preexisting problem. I first went to the  
15 medical unit in the Irwin County Detention Center. Nurse Amber Hughes, who works in  
16 that unit, gave me tablets for pain in my kidneys. At first, I didn't take them because I didn't  
17 understand what they were for. I waited a week hoping to see a doctor and have  
18 understanding about how I was to be treated.  
19  
20 2. I had an examination at the hospital in June of 2020 that included a CT scan for confirming  
21 my kidney problem. They sent the records of this examination to the facility, and somebody  
22 in the medical unit told me that I needed to go to the gynecologist based on the result. I was  
23 given some kind of medication for my kidneys but I don't know what – no one at the facility  
24 has told me what kind of medication I have taken – sometimes it was for pain, sometimes it  
25 was for other things.  
26  
27  
28

- 1 3. I don't know who referred me to Doctor Amin, but one of the medical workers at Irwin  
2 County Detention Center told me that I would be going to the hospital. No one told me the  
3 name of the doctor that I saw, but I recognized him as the same doctor every time. I was  
4 having kidney problems, not gynecological problems.
- 5 4. At my first visit, we went to a place that I think is Dr. Amin's office. I believe this was on  
6 August 5, 2020.
- 7  
8 5. Other women went with me, but for the appointment, I was accompanied by one of the  
9 transport officers from ICE for the examination and there were two nurses there. They  
10 removed the handcuffs for my examination, and I changed into a hospital gown. I had a  
11 transvaginal ultrasound that Dr. Amin performed very quickly. It was not painful, but he did  
12 a pelvic exam that was painful. He did not explain anything, and he did not show me the  
13 picture from my ultrasound. I did not understand what was happening or why – they did  
14 not have an interpreter for me. They did not give me any paperwork about the appointment  
15 or my diagnosis.
- 16  
17 6. He very quickly examined me – it was about three minutes total and he said I needed to have  
18 an operation, but I do not know for what. I did not have an interpreter, but I speak a little  
19 English and I said I did not want to have an operation. He said he would give me medication  
20 instead. Then I was taken back to Irwin County Detention Center. I did not get all the  
21 medication that he told me that I would need because Irwin did not provide it to me.
- 22  
23 7. At my second appointment with Dr. Amin, which was around the 17<sup>th</sup> of August, 2020, I  
24 had a pap smear. I was taken out of handcuffs again for this process. I am not sure what he  
25 told me about my problems, because there was no translator. A medical worker at the Irwin  
26 County Detention Center told me that I had a bacterial infection according to my pap smear  
27 results and was prescribed an antibiotic cream and some pills that I was to take three times a  
28



1 day. I only got the cream and they did not give me the pills I was supposed to take for this  
2 problem.

- 3 8. It was the 3<sup>rd</sup> visit with Amin, on the 9<sup>th</sup> of September 2020, when he gave me another  
4 ultrasound and told me that I had to have an operation. He did not tell me for what and  
5 again there was no translator. I tried to listen to what he was saying to the nurse, and all I  
6 remember is him saying the words “biopsy” and “two.” He did not speak to me to explain  
7 that part – he was talking to the nurse. He used hand gestures to show me that I would go  
8 to sleep and it would not be painful. I kept shaking my head to indicate that I did not want  
9 the surgery.  
10
- 11 9. The next day at Irwin County, Amber Hughes brought a paper for me to sign and urged me  
12 to sign it. I did not understand what it was. She did not have an interpreter. Later I learned  
13 that it was to refuse treatment.  
14
- 15 10. I asked for my records and my exam results for two months but did not receive them. I was  
16 told by nurse Jessica Lyons when she looked at the system that my file was empty and had  
17 no information. She called the hospital to ask about my results and they sent the records.  
18 Nurse Lyons printed the record for me and read it to me with an interpreter. The record  
19 said my exam results were okay, and I did not need surgery. When I got my records I noticed  
20 that some of the records of my visits to the medical unit and some of my results were  
21 missing. I had a better experience with Nurse Lyons, but they are not noted in my medical  
22 history that I received.  
23
- 24 11. I periodically have kidney pain. I also have constant pain in my heart and frequent  
25 palpitations. I am very scared because I do not know what is wrong with me. My sister died  
26 of uterine cancer and my aunt had breast cancer. My father had a few heart attacks and that  
27 scares me too. I signed that I did not want the surgery. I had no help for my kidney or my  
28

thyroid, which gives me problems because I have many knots on my thyroid and in June  
they took a biopsy

12. I need to see a doctor who can help me understand what is happening with my body.

I certify under the penalty of perjury that the foregoing is true and correct. Executed this 30 day of

October, 2020 at 4:00pm.

Tatiana Solodkova

Tatyana Alekseyevna Solodkova