

Please print clearly and complete all sections of this form and mail to:

Office of Professional Medical Conduct
Central Intake Unit
Riverview Center
150 Broadway- Suite 355
Albany, NY 12204-2719

(This form must include your original signature)

All reports of misconduct are kept confidential and are protected from disclosure according to New York State Public Health Law, Sections 230(10)(a)(v) and 230(11)(a). Any person who reports or provides information to the Board for Professional Medical Conduct in good faith, and without malice, shall not be subject to an action for civil damages or other relief as the result of making the report according to Section 230(11)(b).

See instructions on page 4 before completing this form.

INFORMATION ABOUT YOU

Name Jana Narendra N
Last First MI
Address
House number & Street Name City State Zip Code
Telephone () -
Day time number Evening Number

YOUR COMPLAINT REGARDING A PHYSICIAN OR PHYSICIAN ASSISTANT

Physician/Physician Assistant Name Najjar Soujel
Last First MI
Address 223 E 34st Street New York New York 10016
Number & Street Name City State Zip Code
Telephone NYU Langone Comprehensive Epilepsy Center

INFORMATION ABOUT THE PATIENT(S)

** You may add additional patient names on a separate sheet of paper.

Patient(s) Name Jana Narendra N
Last First MI
Date of Birth 1 0 / 2 7 / 1 9 8 4
Month Day Year

DETAILS OF YOUR COMPLAINT

Describe your complaint as completely as possible. Please sign and date form.

When did this happen? Between June and September 2014. This instance of clinical fraud is part of repeated clinical fraud that results in repeated assault by clinicians in medical settings as recent as April 2020.

Where did this happen? The tests were ordered in NYU Langone Comprehensive Epilepsy Center by Soujel Najjar

and assistant Dr. Kimberly Menzer.

Have you filed a Complaint with anyone else? Yes No

Not with the state of New York but this instance of clinical fraud is part of a larger case. Due to the nature of the

If Yes, with whom?

case this is simply to report the fraud to the state of New York since its an ongoing case that is multistate and multinational. Details of the surrounding case are not given.

Were there any witnesses?

You may add additional witness names on a separate sheet of paper.

Witness Name

Last

First Name

MI

Witness Name

Last

First Name

MI

EXPLAIN YOUR COMPLAINT

The complaint is to report the fraud to an official body in the medical board of New York City.

The reason for the reporting to the New York Medical Board is the statute of limitations in the State of New York for cases of clinical fraud (6 years). Since 6 years from June 17 2014 is June 17 2020 the reporting should take place now.

The reporting is precautionary, since recent instances of clinical fraud against the patient (as recent as April 2020) followed by assault most likely extends the statute of limitation against Dr. Najjar by another 6 years from April 2020. Each instance of clinical fraud or clinical malice most likely perpetuates the statute of limitation against Dr. Najjar and his assistant Dr. Menzer indefinitely.

There maybe no time limit to this case because of Dr. Najjars case is simply an instance of fraud in a much larger ongoing multistate and multinational case.

This is a formality in reporting fraud in NYU Langone NYC to the NYC medical board.

EXPLAIN YOUR COMPLAINT

NYU Langone falsified both the electroencephalogram test report written on July 4th 2014,
the blood test report done on July 19th 2014 and ignored the SPECT results on July 12th 2014.

The attached documents explain the fraud in detail but it cumulates to a form of fraud
followed by clinical negligence.

Electroencephalogram test report could easily be determined to be fraud because the EEG
medical data is analyzed (in this case preanalyzed by NYU) to show seizures and spikes
consistent of epilepsy.

The blood tests results are fraudulated according to what is stated in the attached document.

The SPECT Nuclear Medicine (NM) study is a clear pathology that indicates a neurodegenerative
condition that is ignored in the clinical setting.

The explanation of these tests and how it cumulates to clinical fraud is given in the
attached documents.

Signature

Date

INSTRUCTIONS FOR COMPLETING COMPLAINT FORM

To file a complaint about a physician (M.D. or D.O.), Physician Assistant or Specialist Assistant licensed to practice medicine by the State of New York, please complete this form and mail the original to:

NYS Department of Health
Office of Professional Medical Conduct
Riverview Center 150 Broadway, Suite 355
Albany, New York 12204-2719

If you have any questions regarding the filling out of this form, please contact OPMC at: (800) 663-6114 or (518) 402-0836.

Trained staff will review the information you submit. OPMC will investigate all matters of possible professional misconduct. If your complaint requires the attention of another office, it will be sent to the office authorized to address your concerns.

To help us review your complaint, please do the following:

- Type or print clearly in ink.
- Describe your complaint completely.
- Include the names of any witnesses.
- Include the names of other agencies with whom you filed a complaint.
- Attach additional pages if necessary.
- Attach copies of supporting documents. Do not send originals.
- Sign and date the form.