

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	Foster	Michael	N/A
	Last	First	MI
Address	38 W 31st Street Apt.# 100A	NY	NY 10001
	House number & Street Name	City	State Zip Code
Telephone	(212) 689 -2250 ext. 133	(212) 757 -5626	
	Day time number	Evening Number	

YOUR COMPLAINT REGARDING A PHYSICIAN OR PHYSICIAN ASSISTANT

Physician/Physician Assistant Name	GARCIA	Manuel	Orlando
	Last	First	MI
Address	219 Grasmere Drive	Staten Island	NY 10305
	Number & Street Name (Alt. 39 Genesee St. Staten Island, NY 10301)	City	State Zip Code
Telephone	(917) 776 -7736		

INFORMATION ABOUT THE PATIENT(S)

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

Patient(s) Name	GILDRED	GARCIA HERNANDEZ CAROLINA	
	Last	First	MI
Date of Birth	7 / 5 / 79		
	Month	Day	Year

DETAILS OF YOUR COMPLAINT

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

When did this happen? On or around October, November 2016 (Negligence is ongoing of the date of this complaint)

Where did this happen? MALICIOUS DIAGNOSIS IN THE FORM OF A WRITTEN LETTER OF PROFESSIONAL PROGNOSIS

THE LETTER IN THE FORM OF AN EMAIL WAS THEN PRINTED BY THE DR. ORLANDO'S X-WIFE AND MADE PUBLIC WITH KNOWLEDGE THAT IT WOULD DEFAME THE CHARACTER OF MICHAEL FOSTER WHO WAS NOT EVEN A PATIENT.

Have you filed a Complaint with anyone else? Yes No

If Yes, with whom? THE POLICE FOR NEGLIGENT HARASSMENT

Were there any witnesses? YES Many reported seeing his diagnostics letter on Facebook and many social network groups
You may add additional witness names on a separate sheet of paper.

Witness Name REDACTED Last First Name REDACTED MI

Witness Name REDACTED Last First Name REDACTED MI N
and thousands of friends and even more than thousands
TO THE PUBLIC

EXPLAIN YOUR COMPLAINT

Dr. Orlando's x-Wife Carolina Gildred is suing me in NY.
She claims among other things that a sexual relationship we had never happened. Upon her belief that I might have reported Upon her belief she reacted preemptively by assuming I might relay the facts of the extra-marital affair to her new husband.

The document was only revealed after her attorney posted a true copy in an affidavit in the form of an exhibit i.e: from a professional psychiatrist M.D who is Dr. Orlando Garcia.

Many of my friends claim to have heard of the Rumored Mental diagnosis - even Dr. Garcia Javier laughed as its a joke. by his affirmed of the intended negligence as were a joke.

The document was released in exhibit because Carolina's Attorneys could not risk a contempt of court for bringing a case which lacks jurest pro.

EXPLAIN YOUR COMPLAINT

Dr. Garcia ill-fatedly constructed a professional opinion of a case of "EROTOMANIA" and went on to give specific advice as what Carolina and then husband Tom Gildred should do.

Dr. Garcia have never treated myself.

Neither do i have a history of Mental Retardations

It was noted by individuals or friends of Carolina's that if myself

Quote: "If Michael Foster was never crazy he would have to become so by the time he gets a whim of this letter".

Dr. Garcia's Letter is presumptuously Destructive, every line.

The letter is preemptive and was carefully constructed with Intent to malign the basic character of an otherwise Mentally Good and fit individual who've had no past mental health issue.

Dr. Garcia, of an earlier wife and 2nd wife Carolina have on one or two occasions meet with myself as a guest at a restaurant:

The Lafayette grill and bar, 54 Franklin st., where i doubles as A manager and host and sometimes dance instructor.

I have never had the cause to relate to Mr. Orlando Garcia

On the basis of or a possible threat to my mental Status.

I have since for the first time in my life begun accessing a qualified mental health support group as both the knowledge off Dr. Garcia's ill-conceived mental health diagnostics have

brought me tremendous stress - I called his office and reported requesting him through his son Javier Garcia to retract and, apologize to know avail.

Michael Foster
Signature

01/11/2018
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.