

BEFORE THE MEDICAL LICENSING  
BOARD OF INDIANA  
CAUSE NUMBER: 2023 MLB 0001

IN THE MATTER OF THE LICENSE OF:     )  
   )  
WILLIAM DAVID MOORE, M.D.             )  
   )  
LICENSE NUMBER: 01043323A             )

**FILED**

**JAN 13 2023**

Indiana Professional  
Licensing Agency

**PETITION FOR SUMMARY SUSPENSION**

The State of Indiana, Office of the Indiana Attorney General (“OAG”), herein (“Petitioner”), Deputy Attorney General Carah J. Rochester, pursuant to Ind. Code Ch. 4-21.5-4 *et seq.*, and Ind. Code Sec. 25-1-9-10, respectively submits to the Medical Licensing Board of Indiana (“Board”), Petitioner’s “Petition for Summary Suspension” (“Petition”), against the Indiana medical license of William David Moore, M.D. (“Respondent”). In support of its Petition, Petitioner alleges the following:

1. The OAG is empowered under Ind. Code § 25-1-7-7 to prosecute this action on behalf of Petitioner against Respondent’s license.
2. Respondent is a physician and holds medical license 01043323A, which was issued by the Board on December 1, 1994, and expires on October 31, 2023.
3. Respondent’s address on file with the Indiana Professional Licensing Agency (“IPLA”) is 1127 North Western Avenue, Marion, Indiana 46952.

**JURISDICTION**

4. On June 27, 2022, January 4, 2023, January 3, 2023, and January 11, 2023, the OAG received consumer complaints filed against Respondent, and an investigation was then initiated as authorized by Ind. Code § 25-1-7-5(b)(4). The consumer complaints are attached herewith as Exhibits A, B, C, and D, respectively.

5. The investigation uncovered that Respondent's actions represent a clear and immediate danger to the public's health, safety, or property if allowed to continue to practice.

6. At all times relevant, Respondent was a "practitioner" as that term is defined by Ind. Code § 25-1-9-2.

7. Therefore, the Board has authority to hear this case and to summarily suspend Respondent's license in accordance with Ind. Code § 25-1-9-10 should the Board find Respondent represents a clear and immediate danger to the public's health, safety, or property if allowed to continue to practice.

#### **FACTS SUPPORTING CLEAR AND IMMEDIATE DANGER**

8. Respondent's specialty lies in obstetrics and gynecology.

9. For approximately twenty-eight (28) years, Respondent was a physician at "Dr. Moore Women's HealthCare LLC" ("Women's HealthCare") located at 1127 North Western Avenue, Marion, Indiana, 46952.

10. On December 20, 2023, Respondent announced via Women's HealthCare's, found at <https://www.drdaavidmoore.com/>, that he was retiring from the practice of medicine and closing Women's HealthCare.

11. As of the date of this filing, Respondent was listed as a provider at Marion General Hospital, located at 441 North Wabash Avenue, Marion, IN 46952.

12. As of the date of this filing, Respondent was listed as the Health Officer for Grant County Indiana Health Department.

### **Patient A**

13. Patient A began seeing Respondent as a patient in or around September 2017.
14. During her initial appointment, Respondent rubbed Patient A's foot and the inside of her thigh.
15. Following the initial appointment, Patient A's husband attended her subsequent appointments with Respondent.
16. During an appointment, Respondent placed his arms around Patient A's hips and buttocks to "help" her move down on the table for a pelvic examination.
17. When Patient A became pregnant in 2019, she started care with a different provider. However, following a miscarriage and continued bleeding for several months, she again established care with Respondent as a patient when her current provider was located too far away to be seen at the time.
18. On or about April 12, 2022, Patient A presented to Respondent's office for an examination. This was the first time since Patient A's initial appointment that her husband did not attend with her.
19. Respondent conducted breast and vaginal examinations.
20. During the breast examination, Patient A felt Respondent took longer than normal to conduct the examination, as compared to prior examinations by past providers.
21. During the vaginal examination, Respondent inserted a speculum into Patient A's vagina and told Patient A he was going to take photographs.
22. Patient A believed Respondent meant he was going to use a scope to take internal images.
23. Patient A then heard the shutter sound associated with an Apple iPad or iPhone.

24. Respondent removed the speculum and inserted his finger(s) into Patient A's vagina.
25. With his finger(s) still inserted in her vagina, Respondent asked Patient A to do ten (10) to twelve (12) Kegel exercises<sup>1</sup> and then rubbed her clitoris in a manner that she felt was sexual.
26. Respondent then had the medical assistant in the room take another photograph while he held open Patient A's labia.
27. When Patient A sat up, she noticed an iPad, which she believed to be what Respondent had used to take the photographs he mentioned.
28. Patient A did not give verbal or written consent for photographs to be taken in the manner in which they were.
29. Respondent then asked Patient A several questions regarding masturbation and her ability to orgasm without her husband's assistance.
30. Following the appointment, Patient A returned to her previous provider and told them of the appointment with Respondent. The provider indicated that Patient A was not the first patient to tell the provider of similar encounters they had with Respondent.
31. Patient A later texted her friend to tell her about her encounter with Respondent. The friend informed Patient A that Respondent had previously conducted an unannounced anal examination on her.
32. Patient A subsequently made a report to Indiana State Police and was interviewed by Detective Joshua Maller ("Detective Maller").

---

<sup>1</sup> Kegel exercises involve tightening the pelvic floor muscle, holding, then relaxing.

### **Patient A's Facebook Post**

33. On December 29, 2022, Patient A made a Facebook post (the "post") on her private Facebook page stating that she was sexually assaulted by a gynecologist during a regular examination and that photographs were taken. Patient A stated that taking photographs without consent or for no medical purpose is not standard practice and if anyone else had ever had such occur to message her so she could provide them with information as to who they should contact to make a report if they so wished.

34. Patient A's husband shared the post on his private Facebook page and the post was then shared by a local amateur news Facebook group.

35. Within thirty (30) minutes of making the post, Patient A began receiving messages from women asking if she was talking about Respondent.

36. Patient A was careful not to share too much information due to the ongoing criminal investigation into her complaint regarding Respondent and provided the women with Detective Maller's contact information.

37. At least twenty (20) to twenty-five (25) women have contacted Patient A thus far.<sup>2</sup>

38. Only one (1) of the women who contacted her was friends with Patient A on Facebook.

39. Patient A did not personally know any of the women who have contacted her to share their own interactions with Respondent.

---

<sup>2</sup> As of January 9, 2023, Detective Maller had completed approximately twelve (12) victim interviews and had at least two (2) more interviews scheduled.

## **Patient B**

40. Patient B began seeing Respondent as a patient in or around 2016 for general gynecological care.

41. Patient B saw Respondent on three (3) separate occasions.

42. During her examinations, Respondent did not use a speculum to examine Patient B, only his finger(s).

43. When Respondent conducted a pelvic examination on Patient B, he inserted his finger into her vagina and moved it around for approximately thirty (30) seconds.

44. Respondent never explained to Patient B for what he was feeling.

45. At a 2017 appointment, Patient B informed Respondent she had a lump on her vulva and asked if he could examine it. Respondent looked at the lump and proceeded to take a photograph of her mons pubis on his cellphone, without asking for consent.

46. At a January 2019 appointment, Respondent asked Patient B if she was sexually active. Patient B informed Respondent she was a virgin. Respondent asked if she had a boyfriend and if he “finger[s]” her, or performs oral sex on her. Patient B indicated no and Respondent replied by saying “Oh, you’re so pure”.

47. Also at the January 2019 appointment, Respondent stated, “If you aren’t sexually active within the next year, I will have to manually break your hymen because it’s hard for me to see.”

48. Following this appointment, Patient B did not return to Respondent’s office.

49. On January 3, 2023, Patient B was interviewed by Detective Maller.

50. Upon meeting with Detective Maller, Patient B learned there were six (6) photographs in total of the lower half of her body in her medical chart from Women's HealthCare.

51. Included in the photographs were photographs of her mons pubis from 2019. Patient B does not recall consenting to photographs being taken in 2019.

### **Patient C**

52. Patient C began seeing Respondent as a patient in or around the summer of 2013 while she was pregnant.

53. On January 22, 2015, Patient C presented to Respondent for a six (6) week postpartum follow up appointment.

54. During this appointment, Respondent performed a breast examination. Respondent "tweaked" Patient C's nipple, causing it to become erect, and then applied pressure, causing milk to be expressed. Patient C was embarrassed as the topic of breastfeeding was never discussed between Patient C and Respondent before he touched her in such a way. She did not understand why a breast examination was being conducted for a postpartum follow up, particularly when she did not raise any concerns with regard to lactation.

55. Also during this appointment, Patient C felt Respondent inappropriately touched her during her pelvic examination. Patient C felt that Respondent's touches were "light and rubbing", rather than intentional, like all other providers she had previously had, and has had since.

56. At one point, Respondent moved his thumb in a singular upward stroke across her clitoris. Patient C was so surprised by this, she jumped. She had never had a provider touch her in such a manner.

57. Following seeing Patient A's Facebook post, Patient C contacted Detective Maller, who subsequently interviewed her.

58. Detective Maller asked Patient C if Respondent had ever taken any photographs of her. The only photograph Patient C could think of was of an area of skin cancer on her forehead.

59. Detective Maller then informed Patient C there were photographs of her body in her medical record from Women's HealthCare. He asked Patient C if she wanted to view the photographs and she agreed.

60. A photograph marked January 22, 2015, contained an image of a vulva with the labia being held apart by one (1) gloved and one (1) ungloved hand.

61. Patient C could not identify the photograph as herself, however her husband subsequently confirmed with Detective Maller that the photograph was of Patient C.

62. Patient C had never given consent for the photograph to be taken and until the interview with Detective Maller, was unaware it existed.

#### **Patient D**

63. Patient D began seeing Respondent as a patient in or around 2005.

64. At her first appointment, she was given a Pap smear. She was informed the result was abnormal but was not given an explanation as to what exactly was abnormal.

65. Thereafter, Respondent had Patient D present for appointments every three (3) months. At each appointment, Respondent would perform a breast examination and either a Pap smear or a pelvic examination.

66. Respondent never told Patient D of any of the subsequent Pap smear results.



67. Patient D felt that both the breast and pelvic examinations were very slow and lingered.

68. During the breast examinations, Respondent would take his time, massage Patient D's breasts, and pinch her nipples at the end. Patient D sometimes found the examinations to even be painful.

69. During the pelvic examinations, Respondent inserted his finger(s) into Patient D's vagina, moved them in and out, and lingered. He asked her to "squeeze" several times while his fingers were inserted. At one appointment, he had her sit up while his fingers were inserted.

70. Respondent also performed three (3) anal examinations on Patient D. He inserted what she believed to be more than one (1) finger into her rectum and pushed. Patient D found it was so painful that she was brought off the examination table and Respondent had to push her back down.

71. Respondent also performed a laparoscopic surgery on Patient D. He explained this was because she had one (1) to two (2) bladder and/or urinary tract infections a year.

72. He described the procedure to her as "putting blue tape inside her to kill bacteria"

73. Patient D still experienced bladder and/or urinary tract infections following the surgery.

74. Respondent also performed a cervical biopsy on Patient D at least one (1) year after he initially informed her she had an abnormal Pap smear. He never shared the results of the biopsy with Patient D.

75. At one point, Respondent told Patient D she would need a hysterectomy by the time she was thirty (30).

76. Patient D has since established care with a different provider, only has Pap smears every two (2) years, has never had another abnormal Pap smear, and has never been told she would need a hysterectomy, even giving birth to a child at age thirty-one (31).

**Nurse A.M.**

77. While employed as a nurse at Marion General Hospital, Nurse A.M. was informed by nurses who worked with Respondent that during vaginal deliveries they would have to assist Respondent in covering his lap, as he often had erections during the deliveries.

78. Nurse A.M. was also made aware by an individual who worked at a cellular store that Respondent once brought in his cellphone. When the individual gained access to the photographs on the cellphone, she found photographs of women's external sexual anatomy.

79. Nurse A.M. subsequently made a report to risk management at Marion General Hospital regarding the above. She was informed they were limited in their ability to act on the allegation regarding the cellular photographs. She was informed she would not be privy to any further investigation or action as it related to the erections during vaginal deliveries.

**Ongoing Investigation**

80. As of this filing, Petitioner has received three (3) new consumer complaints in one (1) weeks' time regarding Respondent and anticipates consumer complaints will continue to be received.

81. Upon information and belief, other individuals not named in this Petition have been affected by Respondent's practices. The foregoing allegations are, in all likelihood, not exhaustive.

82. Petitioner's investigation is still in progress, including ongoing contact with new witnesses and affected persons. There is a substantial chance Petitioner may discover new material information between filing and a hearing on this Petition.

83. Petitioner seeks leave to present, at a future hearing, any and all material information in its possession related to the general allegation of lewd and immoral conduct in the course of professional services and the clear and immediate danger Respondent presents to the public health and safety.

**CHARGE – CLEAR AND IMMEDIATE DANGER TO THE PUBLIC**

84. Pursuant to Ind. Code 25-1-9-10, Respondent represents a clear and immediate danger if allowed to continue to practice.

**WHEREFORE**, pursuant to Ind. Code 4-21.5-4, Petitioner requests that this Board set this matter for an emergency hearing on Petitioner's Petition, grant Petitioner's Petition, and suspend Respondent's license for a period of not more than ninety (90) days, and any other relief provided for by law.

Respectfully submitted,

THEODORE E. ROKITA  
Indiana Attorney General  
Attorney No. 18857-49

By: *Carah J. Rochester*  
CARAH J. ROCHESTER  
Deputy Attorney General  
Attorney No.: 36266-41

## **CERTIFICATE OF SERVICE**

I hereby certify that on the 12<sup>th</sup> day of January 2023, a true and correct copy of this Petition for Summary Suspension was served upon the below-listed party or parties:

William David Moore, M.D.  
1127 North Western Avenue  
Marion, Indiana 46952  
[kamoore@indy.rr.com](mailto:kamoore@indy.rr.com)  
***By U.S. Mail and Email***

Ronald Mingus  
Counsel for Respondent  
8909 Purdue Road  
Suite 200  
Indianapolis, Indiana 46268  
[RMingus@reminger.com](mailto:RMingus@reminger.com)  
***By U.S. Mail and Email***

*Carah J. Rochester*  
CARAH J. ROCHESTER  
Deputy Attorney General  
Attorney No.: 36266-41



**CONSUMER COMPLAINT**  
Office of the Indiana Attorney General  
(R5 / 12-17)

**STATE'S EX. A**

**INSTRUCTIONS:** To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11678629

Section 1: Your Information																
Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev.		Street Address [REDACTED]														
Full Name/Organization/Agency PATIENT A		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]												
If an Organization/Agency provide a Primary Contact Name		County [REDACTED]	Daytime Phone [REDACTED]													
Age Group [REDACTED]		Email Address [REDACTED]														
		May we contact you by email? If yes, we will not contact you by regular mail		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes												
		Are you or your spouse active military?		<input type="checkbox"/> No <input type="checkbox"/> Yes												
Section 2: Who is the Complaint Against?																
Individual/Business Dr. William David Moore		Name of Individual/Representative you dealt with Dr. William D Moore														
Street Address 1127 N Western Ave		City Marion	State IN	Zip Code 46952												
County Grant	Daytime Phone		Email Address													
Section 3: Transaction/Incident Details																
3-A: Date of Transaction/Incident 4/12/22		3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input checked="" type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church														
3-C: Where did the Transaction/Incident occur? (check box where applicable) <table border="0"><tr><td><input type="checkbox"/> My home</td><td><input type="checkbox"/> By Internet/email</td></tr><tr><td><input checked="" type="checkbox"/> At the location of the business</td><td><input type="checkbox"/> By telephone</td></tr><tr><td><input type="checkbox"/> Away from the location of the business</td><td><input type="checkbox"/> By Social Media</td></tr><tr><td><input type="checkbox"/> By mail</td><td><input type="checkbox"/> Other</td></tr></table>					<input type="checkbox"/> My home	<input type="checkbox"/> By Internet/email	<input checked="" type="checkbox"/> At the location of the business	<input type="checkbox"/> By telephone	<input type="checkbox"/> Away from the location of the business	<input type="checkbox"/> By Social Media	<input type="checkbox"/> By mail	<input type="checkbox"/> Other				
<input type="checkbox"/> My home	<input type="checkbox"/> By Internet/email															
<input checked="" type="checkbox"/> At the location of the business	<input type="checkbox"/> By telephone															
<input type="checkbox"/> Away from the location of the business	<input type="checkbox"/> By Social Media															
<input type="checkbox"/> By mail	<input type="checkbox"/> Other															
3-D: What was the very first contact between you and the Individual/Business? <table border="0"><tr><td><input type="checkbox"/> I telephoned the individual/business</td><td><input type="checkbox"/> I received information in the mail</td><td><input type="checkbox"/> I responded to a printed advertisement</td></tr><tr><td><input type="checkbox"/> I responded to a TV/radio ad</td><td><input type="checkbox"/> I went to the location of the business</td><td><input type="checkbox"/> Other, describe below</td></tr><tr><td><input type="checkbox"/> A person came to my home</td><td><input type="checkbox"/> I received a phone call from the business</td><td></td></tr><tr><td><input type="checkbox"/> I received information by email</td><td><input type="checkbox"/> I responded to an offer on the Internet</td><td></td></tr></table>					<input type="checkbox"/> I telephoned the individual/business	<input type="checkbox"/> I received information in the mail	<input type="checkbox"/> I responded to a printed advertisement	<input type="checkbox"/> I responded to a TV/radio ad	<input type="checkbox"/> I went to the location of the business	<input type="checkbox"/> Other, describe below	<input type="checkbox"/> A person came to my home	<input type="checkbox"/> I received a phone call from the business		<input type="checkbox"/> I received information by email	<input type="checkbox"/> I responded to an offer on the Internet	
<input type="checkbox"/> I telephoned the individual/business	<input type="checkbox"/> I received information in the mail	<input type="checkbox"/> I responded to a printed advertisement														
<input type="checkbox"/> I responded to a TV/radio ad	<input type="checkbox"/> I went to the location of the business	<input type="checkbox"/> Other, describe below														
<input type="checkbox"/> A person came to my home	<input type="checkbox"/> I received a phone call from the business															
<input type="checkbox"/> I received information by email	<input type="checkbox"/> I responded to an offer on the Internet															
3-E: How did you Pay? <table border="0"><tr><td><input type="checkbox"/> Cash</td><td><input type="checkbox"/> Credit Card/Pre-pay</td><td><input type="checkbox"/> Medicaid</td><td><input type="checkbox"/> Pay-Pal</td><td><input type="checkbox"/> Wire Transfer</td></tr><tr><td><input type="checkbox"/> Check</td><td><input type="checkbox"/> Installment Loan</td><td><input type="checkbox"/> Medicare</td><td><input checked="" type="checkbox"/> Private Insurance</td><td><input type="checkbox"/> Other</td></tr></table>					<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card/Pre-pay	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Pay-Pal	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Check	<input type="checkbox"/> Installment Loan	<input type="checkbox"/> Medicare	<input checked="" type="checkbox"/> Private Insurance	<input type="checkbox"/> Other		
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card/Pre-pay	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Pay-Pal	<input type="checkbox"/> Wire Transfer												
<input type="checkbox"/> Check	<input type="checkbox"/> Installment Loan	<input type="checkbox"/> Medicare	<input checked="" type="checkbox"/> Private Insurance	<input type="checkbox"/> Other												
3-F: What, if any, is the Dollar amount associated with your loss?		\$														

**Section 4 Actions Taken by Consumer**

- ☐ Yes ☒ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- ☐ Yes ☒ No 4-B: Have you hired a private attorney?
- ☐ Yes ☒ No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- ☐ Yes ☒ No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

**Section 4 Actions Taken by Consumer - continued**

- ☐ Yes ☒ No 4-E: Have you complained to the Individual/Business?

- Yes ☐ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

**Section 5 Transaction/Incident Details – attach additional pages if necessary**

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

On April 12, 2022 at 2:00pm I was a patient in Dr. William Moore's office for an examination due to some recent symptoms that I believed to be from menopause. Dr. Moore came to the exam room and I sat on the exam chair with a sheet over my naked exposed body. Dr. Moore proceeded to conduct a breast exam. I have had many breast exams as an adult and this one took exceptionally long. He then did my vaginal exam and said he was going to take some pictures. With my medical background (Masters in Nursing degree) I assumed the pictures would be with a scope. I also wondered what would he need to be taking pictures of because I previously had a hysterectomy that he already knew about. With my legs on the stirrups and me looking at the ceiling he proceeded to perform the vaginal exam with the female nurse in the room. He placed the speculum inside me and said he was going to take a picture. He made the comment that if anyone was ever going to see these they wouldn't know it's you. He then told the nurse to let the camera focus and I heard the click of the shutter. Still looking at the ceiling, I recognized the shutter noise to be of an apple iphone or ipad. He removed the speculum and put his fingers inside me. He then had the nurse take another photo with the same shutter noise. At this point I was very confused because I knew it was a phone or something. He then continued on to the exam. During the exam he made me do 10-12 kegels which felt excessive. While his fingers were inside me he rubbed my clitoris in ways I've never experienced other than with a sexual partner. That part of the exam took much longer than any previous exams I've had with other physicians. When he was done I sat up on the bed. That is when I observed the Ipad used to take the photos. I felt sexually violated and assaulted. I did not give any written or verbal consent for the photos. He then asked me several person questions about masturbation that I felt were unnecessary.

**Section 6 How would you like your Complaint resolved?**

I immediately felt sexually violated. Dr. Moore needs to be investigated for malpractice and assault. I met with another gynecologist in Marion after this happened. He/she said many woman and nurses have complained to him/her of the same experiences. He/She directed me here to file a formal complaint. This was very difficult for me to write re-living my experience.

**Section 7 WHAT HAPPENS NEXT?**

**The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.** This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

**Section 8 Mail Completed Forms to:**


Office of Attorney General  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204  
317-232-6330 (phone) • 317-233-4393 (fax)  
www.IndianaConsumer.com

**Section 9 Consent and Verification**

Do you consent to disclosing the following information to the public? →

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	The nature of the complaint and the individual/business name
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Your name
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

	June 27, 2022
_____ Your signature	_____ Date



**CONSUMER COMPLAINT**  
Office of the Indiana Attorney General  
(R5 / 12-17)

**State's Ex. B**

**INSTRUCTIONS:** To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

Case No: 11699320

Section 1: Your Information																
Salutation <input type="checkbox"/> Det. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Rev.		Street Address [REDACTED]														
Full Name/Organization/Agency PATIENT B		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]												
If an Organization/Agency provide a Primary Contact Name		County [REDACTED]	Daytime Phone [REDACTED]													
Age Group [REDACTED]		Email Address [REDACTED]														
		May we contact you by email? If yes, we will not contact you by regular mail		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes												
		Are you or your spouse active military?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes												
Section 2: Who is the Complaint Against?																
Individual/Business Dr. William David Moore		Name of Individual/Representative you dealt with Dr. William David Moore														
Street Address 1127 N Western Avenue		City Marion	State IN	Zip Code 46952												
County Grant	Daytime Phone (765) 662-4666		Email Address													
Section 3: Transaction/Incident Details																
3-A: Date of Transaction/Incident 12/12/2017, 1/15/2019		3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church														
3-C: Where did the Transaction/Incident occur? (check box where applicable) <table border="0"><tr><td><input type="checkbox"/> My home</td><td><input type="checkbox"/> By Internet/email</td></tr><tr><td><input checked="" type="checkbox"/> At the location of the business</td><td><input type="checkbox"/> By telephone</td></tr><tr><td><input type="checkbox"/> Away from the location of the business</td><td><input type="checkbox"/> By Social Media</td></tr><tr><td><input type="checkbox"/> By mail</td><td><input type="checkbox"/> Other</td></tr></table>					<input type="checkbox"/> My home	<input type="checkbox"/> By Internet/email	<input checked="" type="checkbox"/> At the location of the business	<input type="checkbox"/> By telephone	<input type="checkbox"/> Away from the location of the business	<input type="checkbox"/> By Social Media	<input type="checkbox"/> By mail	<input type="checkbox"/> Other				
<input type="checkbox"/> My home	<input type="checkbox"/> By Internet/email															
<input checked="" type="checkbox"/> At the location of the business	<input type="checkbox"/> By telephone															
<input type="checkbox"/> Away from the location of the business	<input type="checkbox"/> By Social Media															
<input type="checkbox"/> By mail	<input type="checkbox"/> Other															
3-D: What was the very first contact between you and the Individual/Business? <table border="0"><tr><td><input type="checkbox"/> I telephoned the individual/business</td><td><input type="checkbox"/> I received information in the mail</td><td><input type="checkbox"/> I responded to a printed advertisement</td></tr><tr><td><input type="checkbox"/> I responded to a TV/radio ad</td><td><input type="checkbox"/> I went to the location of the business</td><td><input type="checkbox"/> Other, describe below</td></tr><tr><td><input type="checkbox"/> A person came to my home</td><td><input type="checkbox"/> I received a phone call from the business</td><td></td></tr><tr><td><input type="checkbox"/> I received information by email</td><td><input type="checkbox"/> I responded to an offer on the Internet</td><td></td></tr></table>					<input type="checkbox"/> I telephoned the individual/business	<input type="checkbox"/> I received information in the mail	<input type="checkbox"/> I responded to a printed advertisement	<input type="checkbox"/> I responded to a TV/radio ad	<input type="checkbox"/> I went to the location of the business	<input type="checkbox"/> Other, describe below	<input type="checkbox"/> A person came to my home	<input type="checkbox"/> I received a phone call from the business		<input type="checkbox"/> I received information by email	<input type="checkbox"/> I responded to an offer on the Internet	
<input type="checkbox"/> I telephoned the individual/business	<input type="checkbox"/> I received information in the mail	<input type="checkbox"/> I responded to a printed advertisement														
<input type="checkbox"/> I responded to a TV/radio ad	<input type="checkbox"/> I went to the location of the business	<input type="checkbox"/> Other, describe below														
<input type="checkbox"/> A person came to my home	<input type="checkbox"/> I received a phone call from the business															
<input type="checkbox"/> I received information by email	<input type="checkbox"/> I responded to an offer on the Internet															
3-E: How did you Pay? <table border="0"><tr><td><input type="checkbox"/> Cash</td><td><input type="checkbox"/> Credit Card/Pre-pay</td><td><input type="checkbox"/> Medicaid</td><td><input type="checkbox"/> Pay-Pal</td><td><input type="checkbox"/> Wire Transfer</td></tr><tr><td><input type="checkbox"/> Check</td><td><input type="checkbox"/> Installment Loan</td><td><input type="checkbox"/> Medicare</td><td><input checked="" type="checkbox"/> Private Insurance</td><td><input type="checkbox"/> Other</td></tr></table>					<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card/Pre-pay	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Pay-Pal	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Check	<input type="checkbox"/> Installment Loan	<input type="checkbox"/> Medicare	<input checked="" type="checkbox"/> Private Insurance	<input type="checkbox"/> Other		
<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card/Pre-pay	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Pay-Pal	<input type="checkbox"/> Wire Transfer												
<input type="checkbox"/> Check	<input type="checkbox"/> Installment Loan	<input type="checkbox"/> Medicare	<input checked="" type="checkbox"/> Private Insurance	<input type="checkbox"/> Other												
3-F: What, if any, is the Dollar amount associated with your loss?		\$														



**Section 4 Actions Taken by Consumer**

- ☐ Yes ☒ No 4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
- ☐ Yes ☒ No 4-B: Have you hired a private attorney?
- ☐ Yes ☒ No 4-C: Have you started a court action? If yes, please attach a copy of all court papers.
- ☐ Yes ☒ No 4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.

**Section 4 Actions Taken by Consumer - continued**

- ☐ Yes ☒ No 4-E: Have you complained to the Individual/Business?
- Yes ☐ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency: Indiana State Police 1/3/2023 ISP is continuing to investigate Dr. Moore and his alleged misconduct.

**Section 5 Transaction/Incident Details – attach additional pages if necessary**

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above please include in the transaction/incident details below when you complained and what action was taken.

On 1/13/2019, I went to see Dr. Moore for my yearly pelvic exam. Dr. Moore asked me if I was sexually active. I stated no and that I was a virgin. Dr. Moore continued to press and asked if I was dating anyone. I said I did have a boyfriend. Dr. Moore asked, "Does your boyfriend finger you?" I was taken aback, but said no. Dr. Moore then asked "Does your boyfriend perform oral sex on you?" I shook my head no again. Dr. Moore laughed and said "Oh, you're so pure." At the time, I believed he was assessing for STD purposes, but now I realize this is inappropriate behavior from a physician. I laid down on the exam table and Dr. Moore began his exam. I told him that I had a small lump on my vulva and asked if he could look at it. Dr. Moore looked at the lump, then whipped out his cell phone and took a picture without asking for consent. He told me, "I'll just take a picture so I can see if it gets bigger at your next appointment." He continued examining me and made another comment that scared me. He stated, "If you aren't sexually active within the next year, I will have to manually break your hymen because it's hard for me to see." After the exam was over, I left and never returned to his office.

Note: When I was interviewed by the Indiana State Police on 1/3/2023, there were four photos of my genital area that were taken on 12/12/2017 by Dr. Moore. I do not remember those being taken, but want to include that in this complaint.

**Section 6 How would you like your Complaint resolved?**

I would like Dr. Moore's medical license to be suspended and him to be unable to hurt any other patients.

**Section 7 WHAT HAPPENS NEXT?**

**The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.** This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

**Section 8 Mail Completed Forms to:**

Office of Attorney General  
Consumer Protection Division  
Government Center South, 5<sup>th</sup> Floor  
302 W. Washington Street  
Indianapolis, IN 46204  
317-232-6330 (phone) • 317-233-4393 (fax)  
www.IndianaConsumer.com

**Section 9 Consent and Verification**

Do you consent to disclosing the following information to the public? → ☒ Yes ☐ No The nature of the complaint and the individual/business name  
☐ Yes ☒ No Your name  
☐ Yes ☒ No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

\_\_\_\_\_  
Your signature

January 4, 2023  
\_\_\_\_\_  
Date





- [Close Window](#)
- [Print This Page](#)
- [Expand All](#) | [Collapse All](#)

## SA-038825

Staging Area ID	SA-038825	How Received	Website
		Date Received	1/3/2023
Complainant	PATIENT C	Matter Code	MFCU Investigation
Add New Contact	<input checked="" type="checkbox"/>	Matter Class	Criminal
Cmplnt Salutation		Matter Type	Abuse and Neglect
Cmplnt First Name		Matter Sub-type	
Cmplnt Middle Name		Status	In Progress
Cmplnt Last Name		Jurisdiction	
Cmplnt Suffix		Notes	CC
Cmplnt Address			
Cmplnt City		Approved By	
Cmplnt State		Supervisor	
Cmplnt Zip			
Cmplnt Phone #		Matter	
Cmplnt Email		Originating ML Matter	
County		Referred From	Private Citizen

## Provider Information

Provider Type	Obstetrician/Gynecologist	Medicaid Provider #	300023972
Org/Inv	Individual	County	Grant
Provider Name			
Add New Provider	<input type="checkbox"/>	Allegation	
Provider Name (text)	Dr William David Moore, OBGYN office		
Salutation	Dr.	Medicaid Provider Confirmed	Yes
First Name	William		
Last Name	Moore		
Suffix	OBGYN		
Provider St. Address	500 N Wabash Avenue		
Provider City	Marion		
Provider State	IN		
Provider Zip	46452		
Provider Phone #	317-662-4666		

## Abuse and Neglect Details

Victim Name		Reported to Police	Yes
-------------	--	--------------------	-----

Medicaid Patient Confirmed	No	Police Department Name	Indiana State Police- Detective Josh Maller
Reported to ISDH		Case #	
Reported to APS			

Details of Complaint

Against Employer	
Date/Timeframe of Incident	January 2015
How did you learn of Fraud	
Amount of Money Involved	
Description of Complaint	<p>During a routine GYN exam, Dr Moore rubbed his thumb across my clitoris in what felt like a sexual manner. During the same exam, during the breast exam, he made my nipple hard and then squeezed really hard making milk come out.</p> <p>I met with the ISP investigator this morning and shared my concerns and he shared that a very close up photo of my vagina was taken during this visit. In the photo, Dr Moore's hands are holding my vagina apart. One hand is gloved and the other is not.</p>

Processing Section

Related Cases	
---------------	--

System Information

Created By	Abuse And Neglect Complaint Form Site Guest User, 1/3/2023 2:39 PM	Owner	Master Administrator
		Record Type	MFCU Complaint
		Last Modified By	Kayla Hickox, 1/4/2023 8:48 AM

**CONSUMER COMPLAINT**Office of the Indiana Attorney General  
(R5 / 12-17)**State's Ex. D**

**INSTRUCTIONS:** To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **Do not include your Social Security Number** on this form or in any accompanying documents. **Please note:** If you have already obtained a judgment, or there is pending litigation, we may be limited or unable to take further action on your complaint.

**Section 1: Your Information**

Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Rev.		Street Address [REDACTED]	
Full Name or Organization/Agency <b>PATIENT D</b>		City [REDACTED]	State [REDACTED]
If an Organization/Agency provide a Primary Contact Name		County [REDACTED]	Daytime Phone [REDACTED]
Age Group [REDACTED]		Email Address [REDACTED]	
May we contact you by email? If yes, we will not contact you by regular mail		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or your spouse active military?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Section 2: Who is the Complaint Against?**

Individual/Business Women's Helath Care		Name of Individual/Representative you dealt with Dr. William David Moore	
Street Address 1127 N Western Ave.		City Marion	State IN
County Grant	Daytime Phone 765-662-4666	Email Address moore.md@indy.rr.com	

**Section 3: Transaction/Incident Details**

3-A: Date of Transaction/Incident 2006-2008 (approx.)	3-B: If a Transaction, what was the Transaction for? <input type="checkbox"/> My business <input type="checkbox"/> My family/household <input type="checkbox"/> My farm <input type="checkbox"/> Non-Profit/Church		
3-C: Where did the Transaction/Incident occur? (check box where applicable)			
<input type="checkbox"/> My home <input checked="" type="checkbox"/> At the location of the business <input type="checkbox"/> Away from the location of the business (work, convention, etc.) <input type="checkbox"/> By Mail		<input type="checkbox"/> By Internet/Email <input type="checkbox"/> By Telephone <input type="checkbox"/> By Social Media <input type="checkbox"/> Other _____	
3-D: What was the very first contact between you and the Individual/Business?			
<input type="checkbox"/> I telephoned the individual/business <input type="checkbox"/> I responded to a TV/radio ad <input type="checkbox"/> A person came to my home <input type="checkbox"/> I received information by email		<input type="checkbox"/> I received information in the mail <input checked="" type="checkbox"/> I went to the location of the business <input type="checkbox"/> I received a phone call from the business <input type="checkbox"/> I responded to an offer on the internet	
3-E: How did you Pay?			
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card/Pre-Pay <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Pay-Pal <input type="checkbox"/> Wire Transfer <input checked="" type="checkbox"/> Check <input type="checkbox"/> Installment Loan <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Private Insurance <input type="checkbox"/> Other _____			
3-F: What, if any, is the Dollar amount associated with your loss?		\$ [REDACTED]	

**Section 4 Actions Taken by Consumer**

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4-A: Did you sign a written agreement or contract? If yes, please attach a copy of the documentation.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4-B: Have you hired a private attorney?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4-C: Have you started a court action? If yes, please attach a copy of all court papers.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4-D: Have you sued, or have you been sued, over this incident/transaction? If yes, please attach a copy of all court papers.



**Section 4 Actions Taken by Consumer - *continued***

- ☐ Yes ☒ No 4-E: Have you complained to the Individual/Business?  
☐ Yes ☒ No 4-F: Have you filed a complaint with any other agency? If yes, list other agency:

**Section 5 Transaction/Incident Details – *attach additional pages if necessary***

Please remember to attach a copy of all documentation involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence etc). Please print clearly or type. **Do Not Include your Social Security Number.**

If you answered "Yes" to 4-E or 4-F above, please include those details also with your description of the Transaction/Incident.

I was a patient of Dr. Moore's from approximately 2006–2008. During that time Dr. Moore performed exams every three months due to "abnormal pap smears". Those exams included breast, pelvic or pap smear and three times anally, all in which were completely unprofessional and inappropriate at every level. The exams he performed were mostly done without a nurse present. I was never given results of any test, biopsy or surgery only that more exams and tests would need to be done. The level of humiliation and embarrassment that he put me through during that time is unexplainable and completely a violation of trust and privacy as a patient and a woman.

**Section 6 How would you like your Complaint resolved?****Section 7 WHAT HAPPENS NEXT?**

**The Consumer Protection Division will send a copy of your complaint to the respondent individual/business or licensed professional.** This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

**Section 8 Mail Completed Forms to:**

Office of the Indiana Attorney General  
 Consumer Protection Division  
 Government Center South, 5<sup>th</sup> Floor  
 302 W. Washington Street  
 Indianapolis, IN 46204  
 317-232-6330 (phone) • 317-233-4393 (fax)  
[www.IndianaConsumer.com](http://www.IndianaConsumer.com)

**Section 9 Consent and Verification**

Do you consent to disclosing the following information to the public? → ☒ Yes ☐ No The nature of the complaint and the individual/business name  
☒ Yes ☐ No Your name  
☒ Yes ☐ No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I

Your signature

Date

1/11/2023