



Texas Medical Board

Texas Physician Assistant Board
Secure Complaint Submission

NOTICE

IF IT IS DETERMINED THE INDIVIDUAL OR PRACTICE IDENTIFIED IN YOUR COMPLAINT IS NOT REGULATED BY THE TEXAS MEDICAL BOARD THAT INFORMATION, INCLUDING YOUR IDENTITY, MUST BE PROVIDED TO THE PROPER AGENCY FOR INVESTIGATION.

IF YOUR COMPLAINT IS REFERRED TO ANOTHER AGENCY, TMB WILL PROVIDE A COPY OF YOUR COMPLAINT AND IDENTIFYING INFORMATION WITH THE REFERRAL. YOUR CONFIDENTIAL STATUS WILL BE DETERMINED BY THE AGENCY RECEIVING THE REFERRAL.

It is suggested that you write the complaint in text editor and save it locally then cut and paste into this box.

COMPLAINT AGAINST

Name of Practitioner*:

Alan Brooks

Business Phone Number*: 5129431365

Practitioner Address:

Country*:

UNITED STATES

Address Line 1*: **AutoComplete**

306 W 4th St

Address Line 2:

City*:

Georgetown

State*:

TEXAS

Postal Code*:

78626

* Indicates Required Information.

COMPLAINANT

- Mr Ms
- Mrs Dr
- Miss

First Name*:

LeRoy

Last Name*:

Nellis

Verified Email

CODE VERIFIED

Contact Email*:

leroynellis2@gmail.com

(A PDF copy of the complaint will be sent to this address)

Verified Phone

CODE VERIFIED

Textable Contact Phone*:

7374084951

Business Phone Number:

Address:

Country*:

UNITED STATES

Address Line 1*: AutoComplete

4845 Twin Valley Drive

Address Line 2:

City*:

Austin

State*:

TEXAS

Postal Code*:

78731

* Indicates Required Information.

PATIENT/PERSON HARMED

Name*:

LeRoy Nellis

Date of Birth (mm/dd/yyyy)*:

11/24/1971

DETAILS OF COMPLAINT

Please select a category for your complaint.

Falsely claiming to be a physician licensed in Texas

Describe your complaint in detail and the events that led to your complaint. Include dates and location of treatment, medications prescribed. (* required)

Medical Outreach Letter: Alan Brooks & Williamson County Jail
Subject: Urgent Medical Complaint – Unlicensed Physician Alan Brooks at Williamson County Jail
To: Texas Medical Board / Medical Malpractice Attorneys / Investigative Health Journalists
From: LeRoy Nellis
Email: LeRoyNellis2@gmail.com
Phone: (512) 450-1533

Dear Texas Medical Board,
My name is LeRoy Nellis, and I am submitting a formal complaint regarding Alan Brooks, a physician who provided medical care to inmates at Williamson County Jail despite lacking proper licensure. I was under his care for approximately one year, during which time I suffered irreversible injuries, including legal blindness and permanent disability.
I am currently out on home arrest under a medical writ, and my condition is the direct result of medical neglect and unqualified treatment administered while I was incarcerated.

Summary of Medical Violations:

Physician Name: Alan Brooks

Facility: Williamson County Jail, Georgetown, TX

Duration of Exposure: ~1 year (2024–2025)

Licensure Status: Unlicensed to practice medicine in Texas during the period of care

Resulting Injuries:

oLegal blindness

oPermanent physical disability

oPsychological trauma from neglect and solitary confinement

Specific Allegations:

Unlicensed Practice

Alan Brooks was permitted to treat inmates despite lacking valid credentials. No informed consent was provided regarding his status or qualifications.

Medical Neglect

Delayed or denied treatment for emerging conditions

Use of unsanitary equipment (e.g., reused needles)
Failure to refer to licensed specialists despite worsening symptoms
ADA Violations
No accommodations for vision loss or disability
Continued solitary confinement despite medical vulnerability
Oversight Failure
Williamson County Jail failed to vet or monitor Brooks' credentials
No internal accountability or corrective action was taken

Request for Action:

I am requesting the following:

Formal investigation into Alan Brooks' medical practice history and licensure status

Review of Williamson County Jail's medical staffing protocols

Referral to appropriate legal and disciplinary channels

Support from medical malpractice attorneys to pursue civil damages

Media coverage to expose systemic failures in jail healthcare oversight

I am prepared to provide medical records, testimony, and supporting documentation. My case is not isolated—it reflects a broader pattern of neglect and abuse within Williamson County's detention system.

Thank you for your time and attention to this urgent matter.

Sincerely,

LeRoy Nellis

LeRoyNellis2@gmail.com

(512) 450-1533

Do you have supporting documentation to provide, such as medical or billing records, photos, video or audio recordings or links to websites? If so, please indicate and you will receive instructions regarding how to submit this information.

Yes

Have you received a second opinion?

Yes

If so please provide the following:

Physician Name:

Dr. Haley Nguyen, OD

Declarations

I agree that I have read and understood the [Citizen Complaint Process](#) document.

I agree that while my confidentiality, unless waived, will be strictly safeguarded, I may not be anonymous to the Board and that I may be contacted by staff of the Board for additional information during the course of any investigation.

I agree that once my complaint is submitted, I may not withdraw it.

I agree that if additional information is required or if my testimony is required that I will cooperate with these requests. I understand that if I do not cooperate, it may result in my complaint being dismissed due to lack of cooperation.

I agree that updates on my complaint may be provided by email instead of postal service.

By selecting **SUBMIT**, I agree I have read the preceding, and it is true to the best of my information and belief. I understand that if I do not provide a name or a source this complaint will not be processed. If my complaint would be more appropriately

addressed by a different agency or society, I authorize TMB to forward my complaint to that agency or society.

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