



Physical Therapist Licensing Board

800 NE Oregon Street, Suite 407

Portland, OR 97232-2187

Phone: 971-673-0204

COMPLAINT FORM

The Physical Therapist Licensing Board regulates the practice of physical therapy in Oregon. The Board licenses physical therapists and physical therapist assistants and it investigates complaints against licensees involving allegations of misconduct or complaints involving allegations of inadequate or improper treatment.

PLEASE COMPLETE THIS FORM AND PROVIDE AS MUCH DETAIL AS POSSIBLE

1. Complainant Information

As the person making the complaint, please provide your name, address and phone number(s).

Full Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

2. Emergency Contact

Please provide the name, address and phone number of a person who will always be able to contact you.

Full Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

3. Licensee Information

Name of Therapist: _____

Name of Facility: _____

Address of Facility: _____

Phone Number of Facility: _____

(a) Were you a patient of this therapist? YES _____ NO _____

(b) Please list date(s) treatment was provided: _____

(c) For what condition(s) were you being treated?

4. Nature of Complaint

Please provide **specific** information concerning your complaint, including the date(s) and place(s) where the incident(s) occurred:

4. Nature of Complaint (Continued)

5. Witness Information

Please list the name, address and phone number of persons who have information about the incident(s).

(a) Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

(b) Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

6. Documentation

Please **enclose** any relevant physical therapy records, letters from your physical therapist or referring physician and any other documents related to your complaint.

7. Does Your Therapist Know About Your Concerns?

Have you discussed your complaint with the therapist? YES _____ NO _____

If YES, what were the results? _____

9. Reporting Your Complaint(s)

Have you filed a complaint with any other person or organization concerning this incident?

YES _____ NO _____ If YES, with whom?

Name: _____

Address: _____

Phone: _____

10. Authorization to Disclose Physical Therapy Records

Please complete and sign the attached authorization form to release your physical therapy records to the Physical Therapist Licensing Board for use in the investigation.

PRINT NAME

Signature

Date