

**Oregon Occupational Therapist Licensing Board**

800 NE Oregon Street, Suite 407

Portland, OR 97232

Phone: 971-673-0198

**COMPLAINT FORM**

|  |
| --- |
| **Complainant Information** |
| Name: |
| Mailing Address: |
| Phone: |
| Email: |
| DOB: |
| If this complaint involves someone other than yourself, please provide the name and relationship: |
| **Licensee Information** |
| Name of OT / OTA: |
| Name of Facility: |
| Mailing address: |
| Phone: |
| Email (if known): |
| **Details of the Complaint** |
| Please provide specific information concerning your complaint, including the date(s) and place(s) where the incident(s) occurred and the names of any witnesses. Use additional sheet if necessary. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Have you filed this concern with any other agency or organization?If yes, please identify the agency or organization: |
|  |
|  |
| List supporting documents filed with this complaint: |
|  |
|  |
|  |
|  |
| **Affidavit & Signature** |
| *I declare and affirm under penalty of perjury that the matters set forth in this complaint are true and correct to the best of my knowledge, information and belief.* |
| Signature: |
| Date: |

Return completed form and supporting documentation to:

**Oregon OT Licensing Board**

**800 NE Oregon St., Suite 407**

**Portland, OR 97232**

PH: (971) 673-0198 / FAX: (971) 673-0226

mailto:Nancy.Schuberg@otlb.oregon.gov

Please retain a copy for your records.