



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: _____ Cell or Work Phone: _____

Email address: _____ Best time to reach you: _____

2. Patient Information

If you are not the patient please provide as much information as possible.

Full Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Cell or Work Phone: _____

Date of Birth: _____ Email address: _____

Is this patient treatment being billed to an Insurance Company? YES _____ NO _____

Name of Insurance Company _____

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 ____ If not what is your connection to the therapist? _____

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

(c) If applicable - 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)

Please attach more pages if necessary.

5. **Documentation**

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

6. **Witness Information**

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

(a) Name: _____

Address: _____

Home Phone: _____ Cell or Work Phone: _____

(b) Name: _____

Address: _____

Home Phone: _____ Cell or Work Phone: _____

7. **Does Your Therapist Know About Your Concerns?**

Have you discussed your complaint with the therapist or his or her employer?

YES _____

NO _____

If YES, what were the results? _____

8. **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: _____

9. **Authorization to Disclose Physical Therapy Records**

Please complete and sign a medical release form for each medical provider who has treated you for this same issue or has knowledge of your complaint so they may release your physical therapy records to the Physical Therapist Licensing Board for use in the investigation.

PRINT NAME

Signature

Date