



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.

