PHYSICAL THERAPY COMPLAINT FORM

To file against a Physical Therapist, Physical Therapist Assistant or an unlicensed person referring to themselves as a Physical Therapist or Physical Therapist Assistant, please complete this form and email, mail or fax to the Arkansas State Board of Physical Therapy.

Please type or print legibly and return to the above address.

Your Name: _______________________________________________________________________

Home Address: ____________________________________________________________________

Work Address: ____________________________________________________________________

Home/Cell Phone No.: __________________________ Work Phone No. __________________

Name and Address of the PT(s) or PTA(s) ____________________________________________

1. Please provide a chronological statement of your complaint, including dates. If more space is needed, please attach additional paper.

_____________________________________________________________________________
_____________________________________________________________________________
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2. Please list names, addresses, and telephone numbers of witnesses, including other professionals, on a separate sheet of paper and attach to your complaint.

_____________________________________________________________________________

3. Please attach copies of all documents relevant to your complaint such as letters and other correspondence, contracts, witness statements, and drawings.

I attest that all statements made by me in relation to this complaint are true to the best of my knowledge and belief.

Signature _____________________________________ Print Name __________________________
