

NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS

COMPLAINT FORM (Please type or print)

Name and address of the Physical Therapist or Physical Therapist's Assistant against whom you are filing this complaint:

Name, address and phone numbers of person filing this complaint:

Day phone: _____

Evening phone: _____

Patient Name: _____

Describe your complaint, including dates and locations. Please provide as much detail as possible with regard to the conduct or actions of the licensed individual and/or facility that form the basis of your complaint. Also, please describe any harm or injury that you believe resulted from the licensee's conduct or actions. Please provide any paperwork in support of this complaint. Continue on the back of this page if necessary.

Any witnesses or other individuals with knowledge of the occurrence? Please provide names, titles, complete addresses and phone numbers.

I hereby verify that the above information is true and accurate to the best of my knowledge. I agree to provide information to the Board in support of this complaint, including documentation, interviews and testifying at hearing, as necessary. I understand that without my cooperation, the Board may not be able to pursue this complaint.

Signature: _____ Date: _____