

NEVADA PHYSICAL THERAPY BOARD



RELEASE OF INFORMATION FOR COMPLAINTS

I, _____, hereby authorize
(Complainant/Client)

(Person or entity and telephone number from which information may be obtained)

to disclose all records and information and answer any questions pertaining to the diagnosis and course of my treatment to the Nevada Physical Therapy Board and its representatives, including, but not limited to, investigators and legal staff, upon their request. I further agree to allow the Board and its representatives to prove and possibly file an administrative action based upon my complaint against:

(Person being complained about – include individual, company name/license number, if known)

I understand that this information will be maintained in confidence and will be used solely in conjunction with any investigation and possible legal proceeding regarding violations of Nevada statutes and regulations.

This authorization shall be valid until completion of an investigation and prosecution, including any investigation and proceeding by another governmental agency that has requested your records and information.

Complainant Signature

Date _____

Nevada Physical Therapy Board



3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129
Phone (702) 876-5535 · Facsimile (702) 876-2097

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: _____

Complainant/Client 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: _____