



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive, Suite 102
Charleston, West Virginia 25311
Telephone: (304) 558-0367 Fax: (304) 558-0369

COMPLAINT QUESTIONNAIRE

All information requested on the complaint form is voluntary except for the name of the physical therapist/physical therapist assistant/athletic trainer; however, excluding information may delay or prevent the investigation of your complaint. In most instances, the board cannot effectively investigate cases where the complainant wants to remain anonymous. Attached as much information as possible and copies of any supporting documents in connection with the complaint.

1. Name of Complainant: _____
 Address: _____
 Home Phone: _____ Cell: _____ Email: _____
 Patient's Full Name: _____ Relationship to Patient _____

2. Name Complaint is Against: _____
 PT _____ PTA _____ AT _____ License# (if known): _____
 Company _____
 Address: _____
 Phone: _____
 Cell Phone: _____

3. Have you filed this complaint elsewhere? If so, where? _____

4. What type of practice setting did the situation(s) occur in? _____

5. List names and contact information for corroborating witnesses? _____

Please describe your complaint in detail & listing dates, time of day, location, & witnesses. Attach additional pages, if necessary.

I certify that the above information is true to the best of my knowledge. I further state that I will voluntarily appear and testify to the facts in this complaint if called upon by the WV Board of Physical Therapy.

Signature of Complainant _____ Date _____