



**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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 \_\_\_\_\_