Maryland
DEPARTMENT OF HEALTH

MARYLAND BOARD OF PHYSICAL THERAPY EXAMINERS

4201 PATTERSON AVE.
BALTIMORE, MARYLAND 21215-2299
Office: 410-764-4718 Fax: 410-358-1183

www.dhmh/maryland.gov/bphte

OFFICE USE			
Case Number		Date Received	
Board Member		Date Reviewed	
Investigator		Date Opened	

COMPLAINT FORM

Please complete this form either on-line or by hand with **BLACK** ink. You may also type this form. Once completed mail or fax to the above address.

The Board is charged with investigating and acting upon complaints against licensed physical therapists and physical therapist assistants. If your complaint is against a health professional other than a physical therapist (PT) or physical therapist assistant (PTA), contact this office for the proper addressee. However, if your complaint involves physical therapy care, this information is certainly of interest to the Board and should be forwarded.

As a point of information, Maryland law states **"A person who acts in good faith and within the scope of the jurisdiction of the Board is not civilly liable for giving information to the Board or otherwise participating in its activities."**

The Board usually will not consider a complaint unless it is signed and dated. All blanks should be filled as completely as possible. Where the information requested is not known, please so state.

In order to expedite the processing of your complaint, please write the **correct** names, addresses and telephone numbers, both home and business, of all persons named in the complaint.

All complaints made to the Board are required by State law to be investigated. Such investigations may take ninety days and in some cases, more. If the Board decides to bring charges against a physical therapist or physical therapist assistant and to hold a hearing thereon, advance notice will be given to the licensee to enable preparation of a defense. Therefore, in most cases, there is a considerable time lapse between the filing of the complaint and the hearing, if one is held. In all cases, you will be advised as to the outcome of your complaint.

COMPLAINANT

If there is more than one complainant, please use a separate form for each one.

Name			
Home Address		Work Address	
City, State Zip		City, State Zip	
Home Telephone #		Work Telephone #	
Date of Birth			
E-Mail Address			

IF THE COMPLAINT IS MADE BY A PERSON OTHER THAN THE PATIENT, PLEASE FURNISH THE FOLLOWING ADDITIONAL INFORMATION:

Official Title: _____

Did you personally investigate the matters set forth in this complaint? Yes No

Do you have any written reports or communications with respect to this matter? Yes No

Have you made this complaint to any other person or organizations? Yes No Whom? _____

THERAPIST / BUSINESS (Complained About)

Therapist / Business Name _____
Address _____
City, State Zip _____
Telephone _____
Dates of Service From _____ To _____

Have you discussed your complaint with the PT or PTA about whom you are making the complaint? Yes No
If yes, what was their response? _____

WITNESSES

State the names, and if known, addresses and telephone numbers of all persons, including PT's or PTA's who witnessed or who have any knowledge of your complaint or this occurrence. Also include any person (s) who assisted you in investigating this issue. *If more room is needed please include it on a separate sheet of paper.*

#1
Name _____
Address _____
City, State Zip _____
Telephone # _____

#2
Name _____
Address _____
City, State Zip _____
Telephone # _____

#3
Name _____
Address _____
City, State Zip _____
Telephone # _____

#4
Name _____
Address _____
City, State Zip _____
Telephone # _____

#5
Name _____
Address _____
City, State Zip _____
Telephone # _____

#6
Name _____
Address _____
City, State Zip _____
Telephone # _____

MEDICAL TREATMENT

If you received medical treatment for the issue you are receiving physical therapy for please provide the following information.

Doctor's Name _____
Address _____
City, State Zip _____
Telephone # _____
Dates of Service: From _____ To _____

Hospital Name _____
Address _____
City, State Zip _____
Telephone # _____

NATURE OF COMPLAINT

Describe in as much detail as possible, the exact nature of your complaint (s) against this PT or PTA. Use as many additional sheets as necessary. Number and sign each additional sheet at the bottom.

I HEREBY DECLARE AND AFFIRM under the penalties of perjury that the maters and facts set forth in the forgoing complaint are true and correct to the best of my knowledge, information and belief.

Date of Complaint

Signature of Complainant