

Board Use Only
Date Received _____
Complaint No. _____

Maryland Board of Occupational Therapy
Spring Grove Hospital Center
Bland Bryant Building, 4th Floor
55 Wade Avenue
Baltimore, MD 21228
(410) 402-8560

COMPLAINT FORM

Please type or print in black ink.

TO THE PERSON FILING THE COMPLAINT:

- A. The Board investigates and acts upon complaints against occupational therapists/occupational therapy assistants if they involve violation of Maryland's Law concerning the occupational therapy profession (Title 10) of the Health Occupations Article. If your complaint is against someone other than an occupational therapist/occupational therapy assistant, the complaint should be directed to the Maryland Department of Health and Mental Hygiene. However, if your complaint involves occupational therapy care given by someone who you think is not properly licensed, this information is certainly of interest to the Board and should be forwarded.
- B. The Board will consider all complaints made upon this form if the person filing the complaint has signed and dated both this form and the affirmation that follows it. All spaces should be filled in as completely as possible. Whenever information is not known, please state that.
- C. In order to speed up our processing your complaint, please include the correct names, addresses, telephone numbers, both home and business for all persons named in the complaint, including your own, that of the occupational therapist/occupational therapy assistant, and all others.
- D. All complaints made to the Board are thoroughly considered and often referred for substantive investigation. If the Board decides to bring charges against an occupational therapist/occupational therapy assistant and to hold a hearing thereon, advance notice must be given to the licensee to enable preparation of a defense. Therefore, in most cases, there is a considerable time lapse between the filling of the complaint and the hearing, if one is held. In all cases, you will be advised as to the outcome of your complaint. If after investigation the Board decides to proceed with a formal action, you may be called upon to testify as a witness.
- E. If there is more than one person making this complaint, please use a separate form for each person.

- 1. Full name of complainant _____
- 2. Home address _____
- 3. Business address _____

- 4. Home telephone number _____
- 5. Business telephone number _____
- 6. Date of Birth _____
- 7. Name of occupational therapist/occupational therapy assistant _____

- 8. Employment address of occupational therapist/occupational therapy assistant
complained about _____

- 9. Telephone number _____
- 10. Were you a patient of this therapist? _____
If so, from when to when? _____
- 11. Have you discussed your problem with the therapist about whom you made the
complaint? _____
What was the outcome? _____

- 12. Date(s) of occurrence(s) complained of _____

- 13. Place(s) of occurrence(s) _____

- 14. Describe in narrative form, with as much detail as possible, the exact nature of your
complaint(s) against this therapist (use as many additional sheets as necessary,
number them and sign each one at the bottom).

15. State the names, addresses and telephone numbers of any witnesses to the occurrence(s) complained of including any persons who were present at the time of the occurrence(s).

16. State the names, addresses and telephone numbers of any other persons who have knowledge of your complaint and/or the occurrence.

17. Have you registered this complaint with any other person or organization?

If so, to whom? _____

18. For what condition were you being treated? _____

19. Will you consent to the release to this Board or its designated investigating body, reports or records relating to you and to this occurrence from any hospital, related institution or therapist including the therapist complained of? _____

If not, why not? _____

IF THE COMPLAINT IS MADE BY A PERSON OTHER THAN THE PATIENT, ACTING IN AN OFFICIAL OR PROFESSIONAL CAPACITY, PLEASE FURNISH THE FOLLOWING ADDITIONAL INFORMATION. ALSO, PLEASE BE SURE TO READ, SIGN AND DATE THE LAST PAGE OF THIS COMPLAINT FORM.

20. Your official title or designation _____

21. Did you personally investigate the matters set forth in this complaint? _____

22. If not, or if others assisted you in the investigation, state the names and titles of the person or persons, if any, who investigated or assisted in the investigation of such matters.

23. Do you have any reports or other written communications directed to you with respect to the matters complained of?

24. If so, please attach to this complain copies of such reports and communications.

25. Please state any further information regarding this complaint which you wish to convey to the Board.

Date of complaint

Signature of complainant

I HEREBY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTERS AND FACTS SET FORTH IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Date

Complainant