



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GAVIN NEWSOM, GOVERNOR

Physical Therapy Board of California

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CONSUMER COMPLAINT FORM

Print or Type

Person Registering the Complaint

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> First Name:	M.I.:	Last Name:
Street Address:		
City:	State:	Zip Code:
Home Telephone Number: ()	Mobile Telephone Number (optional): ()	
Work Telephone Number: ()	E-Mail Address (optional):	
Patient's Full Name:		
Patient's Date of Birth: (month / day/year)		
Your Relationship to the Patient:		
<p>I wish to submit a complaint concerning the individual named below. I understand that the Physical Therapy Board of California cannot assist citizens seeking return of their money or other personal remedies, provide legal advice, or assist with lawsuits. This complaint is provided to the Board to review and/or investigate in order to determine what action, if any, can be taken against the practitioner's license.</p>		

Complaint is Registered Against

Check One: <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Physical Therapist Assitant <input type="checkbox"/> Physical Therapy Aide <input type="checkbox"/> Other		
First Name:	M.I.:	Last Name:
License No. (il known):		
Office/Facility Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number: ()		
Has the patient been examined/treated by another professional for this same condition? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, provide name and address on Authorization for Release of Medical Information		
Reason for Treatment:		

