



CONSUMER COMPLAINT FORM

Print or Type

Person Registering the Complaint

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>	M.I.:	Last Name:
First 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:		

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Resolution of Complaint

What is your expected resolution regarding this complaint? (Your response to this section will not alter the Board's decision.)

INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Collection and Use of Personal Information. The Executive Office of the Physical Therapy Board of California maintains the information you provide on this complaint form. The information is requested pursuant to Business and Professions Code Sections 325 and 326.

Providing Personal Information Is Voluntary. All information requested is voluntary; however, failure to provide the requested information may delay or prevent the investigation of your complaint.

Possible Disclosure of Personal Information. Your completed complaint form becomes the property of the Board and will be used by authorized personnel as appropriate. Information concerning your complaint may be transferred to other governmental or law enforcement agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- in response to a Public Records Act request, as allowed by the Information Practices Act;
- to another government agency as required by state or federal law;
- in response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Physical Therapy Board of California, 2005 Evergreen Street, Suite 2600, Sacramento, CA 95815, (916) 561-8200, or email cps@dca.ca.gov. You have the right to review the records maintained on you by the Board unless the records are exempt by section 1798.40 of the Civil Code.