BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

Internet: www.ptbc.ca.gov EMAIL cps@dca.ca.gov

CONSUMER COMPLAINT FORM

Print or Type

Person Registering the Complaint

Mr. □ Mrs. □ **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:		

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 remidies, 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 practioner's license.

Complaint is Registered Against

Check One: □ **Physical Therapist** □ **Physical Therapist Assitant** □ **Physical Therapy Aide** □ **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? □ **No** □ **Yes**		
If yes, provide name and address on Authorization for Release of Medical Information		
Reason for Treatment:		

Date(s) of Treatment:

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Nature of Complaint

The specific California statutes and regulations governing the practice of physical therapy are contained in the Physical Therapy Practice Act (Business and Professions Code 2600-2696, Title 16, California Code of Regulations, Division 13.2), and other pertinent sections of the Business and Professions Code.

Check the box that best describes the nature of your complaint:

☐ **Substandard Care** (e.g. Negligent Treatment, Delay in Treatment, etc.)

☐ **Unlicensed Provider or Aiding/Abetting – Unlicensed Practice**

☐ **Sexual Misconduct/Harrassment**

☐ **Unprofessional Conduct** (e.g. Breach of Confidence, Record Alteration, Fraud, Misleading Advertising, Arrest or Conviction)

☐ **Office Practice** (e.g. Failure to Provide Medical Records to Patient, Patient Abandonment)

☐ **Provider Impairment** (e.g. Drug, Alchohol, Mental, Physical)

☐ **Other** _____

Notice: Pursuant to Section 129 of the Business and Professions Code, "…Each board shall, upon receipt of any complaint respecting a licentiate thereof, notify the complainant of the intial administrative action taken on his complaint within ten days of receipt…"

Details of Complaint (Attach additional sheets if necessary)

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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 1350, 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.