COMPLAINT FORM

Statement of Complaint of Alleged Violation of the North Carolina Occupational Therapy Practice or Rules of the Board. If an investigation is deemed necessary, a copy of this form may be provided to the individual against whom the complaint is filed.

Date:_________________________

COMPLAINANT:
Name: ___________________________ NC License # (if applicable): __________
Address: __________________________________________ City: __________ State: ______ Zip: ______
Home Phone: ________________ Cell Phone: ________________ Email: ______________________________________
Signature of Complainant: __________________________________________________________
Complainant’s Relationship to Respondent: __________________________________________

RESPONDENT:
Name: ___________________________ NC License # : __________
Address: __________________________________________ City: __________ State: ______ Zip: ______
Home Phone: ________________ Cell Phone: ________________ Email: ______________________________________
Name of Facility: ___________________________ Phone: ________________
Address: __________________________________________ City: __________ State: ______ Zip: ______
Indicate the section(s) of the Practice Act, Rules or Ethical Principle(s) you believe have been violated:

______________________________________________________________

Summarize in an attachment the facts and circumstances, including dates and events, warranting the complaint. Attach documentation you think would help the NCBOT in its assessment of your complaint. Please sign and date all documents you have written and are submitting. (Statements from witnesses are not necessary at this time).

What steps have been taken to resolve this complaint? ________________________________________________

Send completed form, with accompanying documentation, in an envelope marked CONFIDENTIAL to the Board address listed at the top of this form.