COMPLAINT RECORD

Agency use only
Case # _____

MAIL TO: **EXECUTIVE COUNCIL OF PHYSICAL THERAPY AND OCCUPATIONAL THERAPY EXAMINERS**
333 GUADALUPE, SUITE 2-510, AUSTIN, TEXAS 78701-3942

PLEASE PRINT OR TYPE

Complaint against:

Name: Type of license:

Address:

City: State: Zip Code:

Phone:

Person Filing Complaint:

Name:

Address

City: State: Zip Code:

Phone:

Details of Complaint:

Describe your complaint in detail. Include the names, locations and dates involved, and provide copies of any supporting documents.

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature Date

complain.doc/ndh 7/96