

Mississippi State Board of Physical Therapy
P.O. Box 55707
Jackson, MS 39296-5707
Phone: (601) 352-2918
Fax: (601) 352-2920
E-mail: sboyette@msbpt.ms.gov

STATEMENT OF COMPLAINT

Please type or print legibly and return to the above address.

Your Name:

Home Address:

Work Address:

Home Phone No.:

Work Phone No.:

Name and Address of the PT(s) or PTA(s) whom you are filing a complaint against:

Your relationship to person accused of wrongdoing: (check one)

_____ Patient

_____ Co-Professional

_____ Other: (please explain)

1. Please provide a detailed chronological statement of your complaint; including dates, times, places, supporting documentation, etc. (Please try to be as specific as possible) If more space is needed, please attach additional paper.

2. Please provide names, addresses, and telephone numbers of witnesses or other persons with knowledge of this situation, including other professionals who could also provide information.

3. Please provide copies of any documents relevant to your complaint such as letters, reports, patient records, notes, correspondence, contracts, witness statements, drawings, video footage and any other supporting documentation.

4. Please reference the provisions of the Physical Therapy Act, and/or Rules and Regulations which you feel have been violated by the alleged wrongdoing.

5. Do you understand that a Board representative or the Board attorney may contact you to discuss this matter in more detail?

_____Yes

_____No

I ATTEST THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature:

Date:

Print Name:

Please mark envelope CONFIDENTIAL