

ARIZONA STATE BOARD OF PHYSICAL THERAPY

4205 NORTH 7TH AVENUE, SUITE 208 PHOENIX, ARIZONA 85013 (602) 274-0236 Fax (602) 274-1378

COMPLAINT FORM

INSTRUCTIONS: Type or print in ink and answer all quest the complaint. Return this form to the Bo		FOR OFFICE U Case No.: Date Received:	
Complaint against:		Date: _	
Address:	City	State	Zip
STATE COMPLAINT (Give the facts of discussion of what happened from the b			
Have you discussed this complaint with Name of person you discussed the com	•	When?	
Was this discussion in person, in writing			
Are there any witnesses to what occurre other person who has direct knowledge	ed? Please give the na	nme(s), address(es), or telephone	e numbers of any
Please attach copies of any letters, corr NOT SEND ORIGINALS.	espondence, documents, records	or other materials pertaining to y	our complaint. DO
Print your name hereAddress			
I am the person who prepared this comp knowledge and belief. Upon reasonable testimony, if necessary.	plaint, and the information given h	erein is true and complete to the	