DO NOT WRITE IN THE SPACE BELOW-FOR OFFICE USE ONLY		
DATE RECEIVED _____	DATE REVIEWED _____	COMPLAINT # _____
INVESTIGATOR: _____		

COMPLAINT FORM

WYOMING STATE BOARD OF PHYSICAL THERAPY
1800 Carey Avenue, 4th Floor
Cheyenne WY 82002
(307) 777-5403

Please Note: ANONYMOUS COMPLAINTS CANNOT BE ACCEPTED PER BOARD RULES AND REGULATIONS. Licensee is notified and a copy of the complaint is sent to the licensee as part of due process. All complaints must be signed.

PERSON REGISTERING COMPLAINT			
NAME			PHONE NUMBERS
ADDRESS			HOME ( )
CITY	STATE	ZIP	BUSINESS ( )
HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD?			YES ☐ NO ☐

COMPLAINT REGISTERED AGAINST		
NAME		
ADDRESS		
CITY	STATE	ZIP

DETAILS OF COMPLAINT

1. DATE OF INCIDENT _____

2. HAVE YOU COMMUNICATED YOUR CONCERN TO THE PHYSICAL THERAPIST? YES ☐ NO ☐

   IF YES, ON WHAT DATE AND BY WHAT MEANS: _____

3. DID THE PHYSICAL THERAPIST RESPOND? YES ☐ NO ☐

   IF YES, WHAT WAS SAID OR DONE? _____

   _____

   _____

   _____

   _____

4. NAME, ADDRESS AND TELEPHONE NUMBER OF ANY ATTORNEY ASSISTING YOU:

   _____

   _____

   _____

5. STATE YOUR COMPLAINT: (Include the sequence of events surrounding your complaint, dates of occurrence, the names of witnesses and copies of documents pertinent to your complaint Including contracts, reports or photographs.)

(If more space is needed, please attach additional sheets of paper)

I AFFIRM THE PRECEDING AND IT IS TRUE TO THE BEST OF MY INFORMATION AND BELIEF:

SIGNATURE DATE