

North Dakota Board of Occupational Therapy Practice

COMPLAINT FORM

Complaint is filed against:

Name _____ Telephone _____

Address _____ City _____

State _____ Zip _____

License number _____ Designation of therapist _____ OTR _____ COTA _____ OT Aide _____

Person filing complaint (complainant)

Name _____ Telephone _____

Address _____ City _____

State _____ Zip _____

Complainant's relationship with the person against whom complaint is being filed. (e.g. Supervisor, co-worker, client, etc.)

Summary of Complaint (in your own words, describe the complaint in terms of who, what, when, where, why, and how).

Please attach written/typed statement to this form.

Other persons with knowledge of incident giving rise to this complaint:

Name _____ Telephone _____

Address _____ City _____

State _____ Zip _____

Name _____ Telephone _____

Address _____ City _____

State _____ Zip _____

Additional Comments _____

Complainant Signature _____ Date _____

(Note: Complete a separate form for each complaint.)

RETURN TO:

**NORTH DAKOTA BOARD OF OCCUPATIONAL THERAPY PRACTICE
PO BOX 4005
BISMARCK ND 58502-4005**

PLEASE CALL 701-250-0847 WITH ANY QUESTIONS. THANK YOU.