



## NORTH CAROLINA BOARD OF OCCUPATIONAL THERAPY

Post Office Box 2280  
Raleigh, North Carolina 27602  
919/832-1380

### COMPLAINT FORM

*Statement of Complaint of Alleged Violation of the North Carolina Occupational Therapy Practice or Rules of the Board. If an investigation is deemed necessary, a copy of this form may be provided to the individual against whom the complaint is filed*

Date: \_\_\_\_\_

#### COMPLAINANT:

Name: \_\_\_\_\_ NC License # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Complainant's Relationship to Respondent: \_\_\_\_\_

#### RESPONDENT:

Name: \_\_\_\_\_ NC License # : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Indicate the section(s) of the Practice Act, Rules or Ethical Principle(s) you believe have been violated:

\_\_\_\_\_

**Summarize in an attachment the facts and circumstances**, including dates and events, warranting the complaint. Attach documentation you think would help the NCBOT in its assessment of your complaint. Please sign and date all documents you have written and are submitting. (Statements from witnesses are not necessary at this time).

What steps have been taken to resolve this complaint? \_\_\_\_\_

\_\_\_\_\_

Send completed form, with accompanying documentation, in an envelope marked **CONFIDENTIAL** to the Board address listed at the top of this form.