



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.