

# **ALABAMA BOARD OF PHYSICAL THERAPY INFORMATION FOR COMPLAINANTS**

## Overview of Responsibilities

The Alabama Board of Physical Therapy has jurisdiction over investigation of complaints which are filed against physical therapists or physical therapist assistants. The board is responsible for receiving and investigating complaints placed against physical therapists and physical therapist assistants and has authority to conduct investigations, enforce regulations and impose sanctions when a violation of law or regulation has occurred.

The board has no jurisdiction over actions concerning fees. The

## Handling of Complaints

The Board of Physical Therapy receives complaints against its licensees and will determine if the complaint falls within its jurisdiction. If the complaint is within the board's jurisdiction, an investigation will be conducted.

The Complainant is notified of the board's decision on each complaint. You should note, however, that the proper conduct of an investigation can be a time-consuming process and it may be several months before the investigation is completed and a decision is reached.

If a violation of the law or regulation has occurred, the board may give the licensee an opportunity to come into compliance with the law or regulation, or the board may determine that other action is necessary. If there is no violation of law or regulation, the file on the complaint is closed.

If the investigation should result in a formal hearing, the board may subpoena persons to testify at that hearing if it is believed that their testimony is essential to the case.

## Filing A Complaint

Complaints should be submitted on the attached Complaint Form. It is important that you complete the form and include as much fact as is available, including such things as the date(s) of the alleged action, the licensee's full name and address, the exact nature of the complaint, the names of other individuals who might be involved and their relationship to the complaint, as well as any other information which will assist in the investigation.

The board will acknowledge receipt of your complaint, may contact you for additional information, and will notify you of the board's decision concerning the complaint.

**ALABAMA BOARD OF PHYSICAL THERAPY  
100 NORTH UNION STREET STE 724  
MONTGOMERY, AL 36130-5040  
(334) 242-4064  
FAX: (334) 242-3288**

**MEMORANDUM OF COMPLAINT  
Type or use black ink**

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Patient's Name: \_\_\_\_\_

**Are you the patient?    Yes: \_\_\_\_\_    No: \_\_\_\_\_**

Name and Address of the PT(s) or PTA(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**State exactly what the physical therapist or physical therapist assistant has done or has not done which causes you to make this report. Please include as much detail as you have and include photocopies of any supporting documents.**

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**ATTACH ADDITIONAL PAGES IF NECESSARY**