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 lodged against physical therapists and physical therapist assistants and has authority to enforce regulations and impose sanctions when a violation of law or regulation has occurred.

The Board has no jurisdiction over fees or billing practices of PTs or PTAs.

The Handling of Complaints

The Board of Physical Therapy receives complaints against its licensees and determines if the complaint falls within its jurisdiction. If the complaint is within the Board’s jurisdiction, an investigation will be conducted. It should be noted that the Board does not accept anonymous complaints.

The Complainant is notified of the Board’s decision on each complaint. However, to conduct a proper 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. They may be mailed, emailed, or faxed to our office. Again, please note that the Board does not accept anonymous complaints.

It is important that you fully complete the form and include as many facts as possible, including the date(s) of the alleged action(s), the licensee’s full name and business address, the exact nature of the complaint, the names of other individuals who might be involved and their relationship to you and or the licensee, and any other information which may 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.
MEMORANDUM OF COMPLAINT

Your Name: ____________________________________________________________________________

Home Address: __________________________________________________________________________

Work Address: __________________________________________________________________________

Home Phone No.: ____________ Work Phone No.: ____________ Email: _____________________________

Patient’s Name: __________________________________________________________________________

Are you the patient? Yes: ______ No: _________

Name and Address of the PT(s) or PTA(s): ____________________________________________
................................................................................................................................................
................................................................................................................................................

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 many details and facts as you have and include photocopies of any supporting documents.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

ATTACH ADDITIONAL PAGES IF NECESSARY