



*State of Louisiana*  
*Department of Health & Hospitals*  
***Louisiana Physical Therapy Board***

*104 Fairlane Drive, Lafayette, Louisiana 70507*  
*337/262-1043 FAX 337/262-1054*

**INVESTIGATION OF COMPLAINTS**

The Louisiana Physical Therapy Board (the "Physical Therapy Board") is vested with the obligation to regulate the practice of physical therapy in the State of Louisiana through licensure, practice requirements and prohibitions, and disciplinary actions against its licensees. Additionally, the Louisiana Physical Therapy Board is empowered with the authority to seek injunctive relief against the unlicensed individuals or entities who violate the Physical Therapy Practice Act, LA. R.S. 37:2401 and following.

In complying with this obligation to regulate the practice of physical therapy, the Physical Therapy Board is required to investigate complaints of wrongdoing which it receives. Please be assured that the Physical Therapy Board takes all complaints seriously. In order for the Physical Therapy Board to review this matter it will be necessary for you to complete the Statement of Complaint and submit it to the Physical Therapy Board's office as set forth in the form. When your complaint is entered in our system, you will receive an acknowledgement from us and we will keep you informed of the process of the complaint from time to time.

If the allegations of wrong doing are sufficient to warrant an investigation, the Physical Therapy Board will proceed with investigating the matter. You may be asked to assist in the investigation by providing additional information. In the event the investigation concludes that the allegations are sufficient to necessitate further action by the Physical Therapy Board, the complaint may be pursued informally and/or formally in accordance with the Rules promulgated by the Board.

Persons with special needs or disabilities may contact the Physical Therapy Board office for assistance to meet those needs in reporting a complaint.



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**STATEMENT OF COMPLAINTS**

The purpose of the Statement of Complaint is to assist the Physical Therapy Board and you in the process of investigating accusations of wrongdoing. It is intended to facilitate the reporting of complaints. Please attempt to be as thorough as possible in completing this form. If you have questions, please do not hesitate to contact the Board office at (337) 262-1043.

**This is a fill-able form. The Board WILL NOT ACCEPT handwritten forms.**

1) Name of Person accused of wrongdoing: \_\_\_\_\_

2) Person's Address: \_\_\_\_\_  
Street, City, State, ZIP

3) Person's Telephone Number: \_\_\_\_\_

4) Your relationship to person accused of wrongdoing (pick one):

- Patient                       Co-Professional  
 Other: (please explain) \_\_\_\_\_

5) Facts of alleged wrongdoing: (Please try to be as specific as possible and provide dates, times, places, etc. Attach additional sheets if necessary.)

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

6) Please Provide the names, addresses and telephone numbers of other persons with knowledge of this situation or who could also provide information.

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

7) Are there documents of any kind in existence such as letters, reports, records, notes, memoranda, etc. which are pertinent to the allegations of wrongdoing? If so, please describe their identity and location, and attach copies if permissible.

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

8) Please reference the provisions of the Physical Therapy Practice Act, Rules and/or Code of Ethics and Standards of Practice which you feel have been violated by the alleged wrongdoing. (Optional)

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9) Do you understand that a Board representative or the Board attorney may contact you to discuss this matter in more detail?

Yes       No

I have read and answered all of the above statements to the best of my knowledge.  Yes  No

Your Full Name: \_\_\_\_\_  
*First, Middle Initial, Last*

Your Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

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Your Signature

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Date

Return completed form to:

Louisiana Physical Therapy Board  
104 Fairlane Drive  
Lafayette, LA 70507

**If forwarding by mail, please mark the envelope CONFIDENTIAL**