

**ARKANSAS STATE BOARD OF PHYSICAL THERAPY
9 SHACKLEFORD PLAZA, SUITE 3
LITTLE ROCK, AR 72211
(501) 228-7100
FAX: (501-228-0294
E-mail: arptb@sbcglobal.net**

MEMORANDUM OF COMPLAINT

Please type or print legibly and return to the above address.

Your Name: _____

Home Address: _____

Work Address: _____

Home Phone No.: _____ Work Phone No. _____

Name and Address of the PT(s) or PTA(s) _____

1. Please provide a chronological statement of your complaint, including dates. If more space is needed, please attach additional paper.

2. Please list names, addresses, and telephone numbers of witnesses, including other professionals, on a separate sheet of paper and attach to your complaint.

3. Please attach copies of all documents relevant to your complaint such as letters and other correspondence, contracts, witness statements, and drawings.

I ATTEST THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature _____ Print Name _____