

West Virginia Board of Occupational Therapy



1063 Maple Dr., Suite 4B
Morgantown, WV 26505
304-285-3150 (fax & phone)
www.wvbot.wv.gov

COMPLAINT FORM

1. Complaint is filed against:

Name: _____ Telephone: _____

Address: _____

2. Person filing complaint (complainant):

Name: _____ Telephone: _____

Address: _____

3. Complainant's relationship with the person against whom complaint is being filed. (e.g. supervisor, co-worker, patient, etc.):

4. Summary of complaint (in your own words, who, what, where, why and how):

5. Other persons with knowledge of incident giving rise to this complaint:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

6. State in your own words how this incident (s) relates to the WV BOT Jurisdiction:

7. Have you advised any other regulatory authority of this complaint (explain)?:

8. What action, if any, are you seeking for the Board to take?:

Complainant Signature

Date

(Note: Complete separate form for each complaint or complainant).