



ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS  
 ARIZONA BOARD OF ATHLETIC TRAINING  
4205 N. 7<sup>th</sup> Avenue, Suite 305  
Phoenix, Arizona 85013  
(602) 589-8352  
FAX: (602) 589-8354

## COMPLAINT FORM

### COMPLAINANT INFORMATION (PERSON FILING COMPLAINT):

<b>Name</b>					
<b>Mailing Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Phone number where you can be contacted</b>					

### YOUR COMPLAINT IS FILED AGAINST (RESPONDENT)

<b>Respondent Name</b>					
<b>Respondent Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Respondent Phone Number</b>					

### COMPLAINT FACTS:

Be sure to include complaint facts including: dates, times and locations of incidence; statements made; and any behaviors which were observed. (You may attach a letter if additional space is needed.)


**WITNESS INFORMATION:**

Be sure to include witness names, addresses and telephone numbers, and statements regarding the reported incident. Use additional sheets of paper if necessary.


**SUPPORTING DOCUMENTATION:**

Please include copies of relevant supporting documentation such as notes, incident reports, memos, written statements, etc.

NOTE: Please be advised that the applicant/licensee may be furnished a copy of the complaint. However, if the disclosure of your name will pose a risk to you, a copy of the complaint with redacted ID information may be provided. If in the Board’s discretion, there is a risk of identification, the Board reserves the right to refuse furnishing a copy of the complaint. In most cases, it is extremely difficult to investigate anonymous complaints. It is very important to be able to contact the complainant as needed during the investigation process to either confirm or refute information submitted in the response. The Board will investigate an anonymous complaint but may be extremely hindered in substantiating the allegations which may result in dismissal of the complaint. Questions regarding this issue should be directed to Board staff.

I hereby state that all information which I have given herein is true and correct to the best of my knowledge.

Signature:		Date:
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Title II of the Americans with disabilities Act prohibits the discriminating on the basis of disability in its complaint process. Individuals with disabilities who need this information in an alternate format or who require an accommodation to file a complaint may contact the Board Office to make their needs known.