



Office of Investigations and Enforcement

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4470 • Fax: 803-896-4656

Board of Physical Therapy Examiners

Complaint Form

Please type or print legibly.

Complainant Information

(Individual filing complaint)

Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Fax: (____) _____

Evening Phone: (____) _____

What is the best way to reach you? Daytime Phone Evening Phone E-mail: _____



Respondent Information

(Individual the complaint is filed against)

Board or Profession: _____

Name: _____
(Last) (First) (Middle Initial)

Business Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____

Please list all witnesses, providing names, addresses, and telephone numbers.

