MINNESOTA
BOARD OF PHYSICAL THERAPY

335 Randolph Avenue, Suite 285
St. Paul, MN 55102
612.627.5406 (phone) | 651.797.1377 (fax)
physical.therapy@state.mn.us | https://mn.gov/boards/physical-therapy/
MN Relay Service for Hearing Impaired 800.627.3539 (phone)

REPORT REGISTRATION FORM

INFORMATION & INSTRUCTIONS

INSTRUCTIONS

Please provide as much information as possible on pages 2-5 of this form and send them to the Board's office or email to the Board at physical.therapy@state.mn.us . If you have additional documents, records, or evidence to support your complaint, please include that information for the Board's review.

BOARD AUTHORITY

The Board of Physical Therapy has jurisdiction over individuals licensed by the Board. These include:

- Physical Therapists
- Physical Therapist Assistants

The Board also has the authority to investigate the alleged unlawful practice of the professions listed above.

Please note that the Board is unable to investigate complaints regarding other health professionals who are not licensed by the Board, The Board also does not have jurisdiction over hospitals, clinics, or other healthcare facilities. Additionally, we are unable to assist patients with billing disputes.

REPORTING OBLIGATIONS OF LICENSED HEALTH CARE PROFESSIONALS

A licensed health professional shall report to the Board personal knowledge of any conduct which the professional reasonably believes constitutes grounds for disciplinary action under MN Statutes by any physical therapist, or physical therapist assistant including any conduct indicating that the licensee may be medically incompetent, or may have engaged in unprofessional conduct, or may be medically or physically unable to engage safely in the practice of physical therapy. Please note that a physical therapist's, or physical therapist assistant's failure to report may be grounds for disciplinary action in accordance with MN Statute 148.75 (a) (17).

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YOUR CONTACT INFORMATION

FIRST NAME:	LAST NAME:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:	

Who is submitting this complaint? *Check all that apply*:

- ☐ A patient
- ☐ A friend or family member of a patient
- ☐ Other:
- ☐ A Board of Physical Therapy licensee
- ☐ A licensee of another board

PROVIDER'S INFORMATION YOU ARE REPORTING

Please list the provider you are reporting. You can find information on any provider licensed by our board by visiting our website and using the "Verifying a License" tab.

FIRST NAME:	LAST NAME:	
LICENSE TYPE: ☐ Physical Therapist ☐ Physical Therapist Assistant	LICENSE NUMBER, if known: PHONE NUMBER:	
NAME OF EMPLOYER/HOSPITAL/CLINIC:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

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REPORT

Name & Address of Hospital or Clinic, etc., Where Conduct/Care Occurred:

Date When Conduct/Care Occurred:

Describe What Happened (You may attach additional pages if you like)

ACKNOWLEDGMENT & SIGNATURE

I attest all information provided in this Complaint Form is true and correct to the best of my knowledge.

Signature:	**Date:**

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REPORT (continued)

ACKNOWLEGEMENT & SIGNATURE

I attest all information provided in this Complaint Form is true and correct to the best of my knowledge.

Signature:	**Date:**

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AUTHORIZATION TO INFORM PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT OF COMPLAINT

Having been informed of my rights under Data Practices Act, I, _____, hereby authorize the Minnesota Board of Physical Therapy, its agents, or the agents of the Minnesota Office of Attorney General, to inform _____ of my complaint by providing this physical therapist or physical therapist assistant copies of my complaint documents.

_____ _____

Signature of Complainant Date

Mail, Fax or Email these forms to:

Minnesota Board of Physical Therapy

335 Randolph Avenue, Suite 285

St. Paul, MN 55102

Fax: (651) 797-1377

Email: physical.therapy@state.mn.us