

# REPORT REGISTRATION

MINNESOTA BOARD OF PHYSICAL THERAPY  
2829 UNIVERSITY AVENUE SE, SUITE 420  
MINNEAPOLIS, MN 55414-3245  
612-627-5406  
MN Relay Service for Hearing Impaired 800-627-3529

## 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).

### YOUR NAME, ADDRESS, AND TELEPHONE NUMBER

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

WORK PHONE:

### NAME OF THE PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT YOU ARE REPORTING

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

PHONE:



**AUTHORIZATION TO INFORM PHYSICAL THERAPIST OR 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