



**Arkansas Department of Health  
State Board of Physical Therapy**

P.O. Box 250254 • Little Rock, AR 72225  
(501) 228-7100 • Fax: (501) 228-0294  
[arptb@arkansas.gov](mailto:arptb@arkansas.gov) • [www.arptb.org](http://www.arptb.org)

**MEMORANDUM OF COMPLAINT**

Please type or print legibly and return to the above address.

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home/Cell Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Name and Address of the PT(s) or PTA(s) \_\_\_\_\_

1. Please provide a chronological statement of your complaint, including dates. If more space is needed, please attach additional paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list names, addresses, and telephone numbers of witnesses, including other professionals, on a separate sheet of paper and attach to your complaint.

\_\_\_\_\_  
\_\_\_\_\_

3. Please attach copies of all documents relevant to your complaint such as letters and other correspondence, contracts, witness statements, and drawings.

I attest that all statements made by me in relation to this complaint are true to the best of my knowledge and belief.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Complaints can be emailed to [arptb@arkansas.gov](mailto:arptb@arkansas.gov), faxed to 501-228-0294 or mailed to P.O. Box 250254, Little Rock, AR 72225.**