



ALABAMA STATE BOARD OF RESPIRATORY THERAPY



CONSUMER COMPLAINT FORM

Your Name:	(Last Name)	(First)	(Middle)
Your Address:	(Street)		
	(City)	(County)	(ST) (Zip)
Your Preferred telephone number where you can be reached during the day:			
Preferred e-mail address:			

Whom do you wish to complain about?

Name: _____ License Number: _____

Organization: _____

Address: _____
(Street)

(City) (ST) (Zip) (Telephone Number)

To whom did it happen (check all that apply): You Member of your family Other

Is there currently any action pending as a result of the circumstances surrounding this complaint?

Yes No If yes, please describe:

Would you be willing to testify if necessary? Yes No

Did anyone witness what happened? Yes No

If "yes", who? _____

Could this witness confirm your story? Yes No

Would the witness be willing to testify? Yes No

Do you have any bills, forms, or other written evidence that concern this complaint? Yes No

If yes, please send **copies** of the related papers along with this form, DO NOT send originals.

Please explain the entire circumstances surrounding your complaint including your attempts to solve the problem (you may attach additional pages describing the details of this complaint as needed).

I solemnly swear or affirm that the statements made herein and on any attachments hereto are accurate, complete, and true to the best of my knowledge and belief.

Date: _____ Signature: _____

Upon receipt of this completed form, you will be written a letter confirming receipt of your complaint and information regarding the Investigative Committee. Please be advised, during the course of the investigative process, it may become necessary to disclose to the Respondent the name of the Complainant. ASBRT Rule 798-X-7-.04 (2) (a) requires that within 30 days of self-disclosure or receipt of a written complaint, the Executive Director shall provide the respiratory therapist, against whom the complaint was made, written notification of the complaint, allegation(s), and investigative process by certified mail and that the respiratory therapist may submit, to the Executive Director, a written response and any supporting documentation within 15 days of the receipt of the written notification. The ASBRT Investigator may be in contact with you at the beginning of the investigation and during the course of the investigation if needed. As the Complainant, you will be notified upon the investigative conclusion of the case.

Please Return to: board@asbrt.alabama.gov