

State of Nevada
Board of Occupational Therapy

P.O. Box 34779
Reno, Nevada 89533-4779
Phone (775) 746-4101 / Fax (775) 746-4105 / Toll Free (800) 431-2659
E-mail: board@nvot.org / website: www.nvot.org

COMPLAINT FORM

PERSON FILING COMPLAINT (Complainant)	
Name	Contact Phone
Company/Agency	Address, City, State, Zip

COMPLAINT FILED AGAINST (Respondent)	
Name/License No.	Contact Phone
Company/Agency	Address, City, State, Zip

Please list all other agencies or organizations you have contacted relative to this complaint.

Company/Agency Name	Contact Address/Phone
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Please summarize the details of your complaint as clearly and as completely as possible. Include names of all individuals who may have relevant knowledge or information regarding the circumstances or allegations contained in the complaint. You may attach additional pages as needed.

CERTIFICATION OF COMPLAINANT

I hereby certify that all information which I have given to be true, accurate and complete to the best of my knowledge.

Signature _____

Date _____

RESPONDENT NOTICE

Under requirements of NRS 233B.127(3), any licensee must be given the opportunity to show compliance with all lawful requirements for the retention of their license. You may submit any additional written comments on these allegations and copies of any pertinent documentation that may assist the investigation within twenty (20) days of the receipt of this notice. Your correspondence to the Board on this matter should reference **Case** _____.

At any time during the process, you may choose to resolve this matter by entering into a consent decree. A consent decree is a written agreement in which the person charged admits to violations and agrees to a particular disciplinary action. If you wish to admit to certain violations and would agree to a particular disciplinary action, please contact Henna Rasul, Board Counsel. She can be reached at 775-688-1234 or 100 N. Carson St., Carson City, NV 89701. If you have any questions on the disciplinary process, please contact Loretta Ponton, Executive Director, at (775) 746-4101.

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Release of Medical Records

I, _____, hereby authorize any of the following: Physician, Psychologist, Health Professional, Hospital, Clinic or other medical related facility, licensed or certified by the state of Nevada or any other state, to release information from my medical records to the State of Nevada, Board of Occupational Therapy at the above address.

It is understood that this release will be used in the following manner:

1. The information requested/received will be used only for the investigation of my complaint filed with, and in accordance with the authorized responsibilities of the Board, and;
2. All information may be released, including, medical and/or psychological, history, physical and/or mental condition(s), diagnosis, prognosis, treatment, laboratory reports, testing results and all professional(s)'s notes.
3. This release shall be valid for one year from the date of signing.
4. A copy of this release is as valid as the original.

Date

Signature of Patient/Client/Complainant

Date

Signature of Parent/Guardian (if required)

Date

Signature of Witness