

State of Nevada
Board of Occupational Therapy

6170 Mae Anne Ave., Suite 1
Reno, Nevada 89523
Phone (775) 746-4101 / Fax (775) 746-4105
E-mail: board@nvot.org / website: www.nvot.org

Complaint Process

- **Statement of Purpose**

The following information assists in the procedure for filing a complaint against an occupational therapist, occupational therapy assistant or other individual, agency or organization for violation of NRS 640A and/or NAC 640A, the occupational therapy law and regulations.

- **Who should file a complaint?**

Anyone who believes a licensed occupational therapist, occupational therapy assistant or other individual, agency or organization has or is engaged in illegal or unethical activities regarding the practice of occupational therapy. The most effective complaints are those containing firsthand information, which can be verified and documented.

- **How is a complaint filed?**

To initiate a review, a written complaint, signed by the complainant must be filed with the Board. Complaints should provide a statement explaining the nature of the complaint in as much detail as possible along with any documentary evidence.

- **How are complaints processed?**

The Executive Director of the Board will respond to each complaint. Where allegations, if substantiated, would warrant disciplinary action, a formal investigation would begin. Other cases may be handled through referral to a more appropriate agency or organization.

- **Formal Investigation.**

When a complaint is formally investigated both the complainant and the subject of the complaint may be interviewed. Details of the investigation remain confidential and are not part of the public record.

- **Formal Public Hearing.**

If the formal investigation determines a potential violation of the occupational law or regulations may have occurred warranting consideration of disciplinary action, a formal public Hearing may be held. All disciplinary actions taken as a result of the Hearing will become public information.

- **Should unlicensed practice/unprofessional conduct be reported?**

If there is evidence that an unlicensed person is participating in activities requiring a license, the Board should be notified. Any alleged unprofessional conduct by a licensee should be reported.

- **Additional Information**

Should you wish more information please contact the Board at the address/phone number listed above.

Received:

Case No.

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COMPLAINT FORM

This complaint form is to be used for the purpose of filing a complaint against a Nevada occupational therapist, occupational therapy assistant, or any other person or entity under the jurisdiction of the State Board of Occupational Therapy, including allegations of unlicensed practice. You may submit your completed form and all supporting documents by USPS mail or email.

COMPLAINANT (person filing the complaint)

NAME	LICENSE NO. (IF APPLICABLE)		
MAILING ADDRESS	CITY	STATE	ZIP
TELEPHONE	EMAIL		
COMPANY/ENTITY/EMPLOYER (IF APPLICABLE)	TELEPHONE	EMAIL	
MAILING ADDRESS	CITY	STATE	ZIP

RESPONDENT (person complaint is filed against)

NAME	LICENSE NO. (IF APPLICABLE)		
MAILING ADDRESS	CITY	STATE	ZIP
TELEPHONE	EMAIL		
COMPANY/ENTITY/EMPLOYER (IF APPLICABLE)	TELEPHONE	EMAIL	
MAILING ADDRESS	CITY	STATE	ZIP

DESCRIPTION OF COMPLAINT

A violation of the Nevada Revised Statutes (NRS) Chapter 640A or Administrative Code (NAC) Chapter 640A must have taken place. The applicable chapter can be found on our website at www.nvot.org, Law and Regulations tab. If you know the specific statute (law) or regulation you feel the respondent has violated, please include it in your documentation.

On a separate sheet, describe the details of your complaint as clearly and as completely as possible. Include full name of parties involved, date(s) on which the act is alleged to have occurred or action deemed as unprofessional conduct. Provide documented evidence that verifies the violation such as reports, emails, invoices, and signed affidavits by witnesses.

List names and contact information, if available, 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.

WITNESS LIST

1. _____				
NAME	LICENSE NO. (IF APPLICABLE)			

MAILING ADDRESS	CITY	STATE	ZIP	

TELEPHONE	EMAIL			
2. _____				
NAME	LICENSE NO. (IF APPLICABLE)			

MAILING ADDRESS	CITY	STATE	ZIP	

TELEPHONE	EMAIL			
3. _____				
NAME	LICENSE NO. (IF APPLICABLE)			

MAILING ADDRESS	CITY	STATE	ZIP	

TELEPHONE	EMAIL			
4. _____				
NAME	LICENSE NO. (IF APPLICABLE)			

MAILING ADDRESS	CITY	STATE	ZIP	

TELEPHONE	EMAIL			

CERTIFICATION OF COMPLAINANT

INITIAL

I understand the filing of this complaint does not prohibit me from filing a civil action.

INITIAL

In my complaint, I include reference to the provision of NRS 640A and/or NAC 640A which is alleged to have been violated and have included documented evidence of the violation.

INITIAL

I understand that I may be called upon to submit additional written statements or evidence. I further understand that any information I provided in the complaint may be subject to public disclosure if the complaint is taken to formal hearing.

INITIAL

I understand that my personal attendance may be required, and I may be called to serve as a witness at the formal hearing.

INITIAL

I understand that during the pendency of this matter, the Board is not permitted to disclose information or discuss a pending investigation or case with me or any other person.

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

Signature _____

Date _____

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Release of Medical Records

Required in complaints alleging medical records violations or client/patient practice violations.
Must be executed by the patient/client or legal representative.

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 a 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/Legal Representative (if required)

Date

Signature of Witness