



South Carolina  
Department of Labor, Licensing and Regulation



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Columbia, South Carolina  
29211-1329

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Office of Investigations and Enforcement  
Board of Physical Therapy Examiners

**Complaint Form**

*Please type or print legibly.*

**Complainant Information**

(Individual filing complaint)

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

Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_

What is the best way to reach you?  Daytime Phone  Evening Phone  E-mail: \_\_\_\_\_

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**Respondent Information**  
(Individual the complaint is filed against)

Board or Profession: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Please list all witnesses, providing names, addresses, and telephone numbers.

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