



**ALABAMA STATE BOARD OF RESPIRATORY THERAPY**

P.O. Box 241386, Montgomery, AL 36124-1386

Phone: 334-396- 2332 Fax: 334-396-2384

Web Site: www.asbrt.alabama.gov

**COMPLAINT FORM**

Your Name: \_\_\_\_\_  
(last name) (first name) (Middle)

Your Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (County) (State) (Zip)

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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Whom do you wish to complain about:

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (zip) (Phone)

To whom did it happen: ( ) you ( ) Member of your family ( ) Other  
Please Identify: \_\_\_\_\_

Did anyone witness what happened? ( ) yes ( ) no

Who (give name): \_\_\_\_\_

Could this witness confirm your story? ( ) yes ( ) no

Would witness be willing to testify? ( ) yes ( ) no

Would you be willing to testify if necessary? ( ) yes ( ) no

Do you have any bills, forms, or other written evidence that concern this complaint?  
( ) yes ( ) no

Please send **copies** of related papers along with this form. DO NOT send originals.

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The information I have given in this complaint is true, correct, and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please give details of complaint on back of this form.**

Return Completed form to: The Alabama State Board of Respiratory Therapy  
P.O. Box 241386,  
Montgomery, AL 36124-1386  
Phone: 334-396-2332, FAX 334-396-2384