ALABAMA STATE BOARD OF RESPIRATORY THERAPY

CONSUMER COMPLAINT FORM

Your Name: Prefix (Last Name)		(First)		(Middle)
Your Address: (Street)				
(City)	(County)	Select (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)

Select
(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).

Please Return to: The Alabama State Board of Respiratory Therapy (ASBRT)
P.O. Box 241386
Montgomery, AL 36124-1386

Contact: Phone: 334.396.2332
Fax: 334.396.2384
Email: asbrt@leadership-alliance.org

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.

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