

NBCOT® FILE A COMPLAINT FORM

ID 94 rev013118

Please be sure to read the [instructions](#) before proceeding.

Complaint Is Filed Against

Subject Name: _____

Telephone: _____

Email: _____

Address/City/State/Zip: _____

NBCOT Cert # (if certified): _____

Person Filing Complaint (Complainant)

Complainant Name: _____

Telephone: _____

Email: _____

Address/City/State/Zip: _____

Complainant's relationship with the person against whom the complaint is being filed (supervisor, co-worker, instructor, peer, patient, etc.):

Other agencies or organizations to which you have submitted this complaint (i.e., state licensing boards, Medicare, AOTA, police or other authorities, etc.):

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Other persons with knowledge of the incident(s) giving rise to this complaint

Name of other with knowledge: _____

Telephone: _____

Email: _____

Address/City/State/Zip: _____

Name of other with knowledge: _____

Telephone: _____

Email: _____

Address/City/State/Zip: _____

Name of other with knowledge: _____

Telephone: _____

Email: _____

Address/City/State/Zip: _____

Name of other with knowledge: _____

Telephone: _____

Email: _____

Address/City/State/Zip: _____

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State in your own words how this incident(s) relates to the [*NBCOT Candidate/Certificant Code of Conduct*](#):

Summary of Complaint (in your own words – who, what, where, when, why, and how):

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Additional space for summary of complaint (*optional*):

To submit this form after it has been completed and saved, email it along with any evidentiary documentation to support your allegation, to professional.conduct@nbcot.org.

Electronic Signature: _____