



CPTBC

College of Physical Therapists
of British Columbia

COMPLAINT FORM

**Required Fields*

Your Contact Information

Last Name*

First Name*

Street Address*

City*

Province*

Postal Code*

Phone Number*

Email Address*

Physical Therapist's Contact Information

Name*

Business Name

Business Address

City

Complaint Information

What is your primary concern about the physical therapist:

Conduct

Competence

Describe the incident(s) that led to your concern(s) about the physical therapist including when and where the incident(s) occurred. *



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Witness Information

Provide the names and contact information of anyone who witnessed or may have relevant information about the incident(s) detailed above.

Documents

If you have any documents related to your complaint, please preserve the originals and send copies to:

Complaints
College of Physical Therapists of British Columbia
900 – 200 Granville Street
Vancouver, BC, V6C 1S4

Fax: 604-357-1862

Email: complaints@cptbc.org