

Fitness to Practice Complaint Form

Please complete this form if you wish to report a Fitness to Practice complaint against a Registered Physical Therapist. Please read the 'How to Raise a Fitness to Practice Complaint' brochure prior to completing the form so you understand the Irish Association of Physical Therapists' fitness to practice process.

Your Details

Name:

Address:

Phone Number:

Email Address:

The Person you are Reporting

Name:

Clinic Address:

The Incident (Please provide as much information as you can to help us review the complaint)

When did the incident(s) take place?

Where did the incident(s) take place?

What Happened?

Did anyone else witness it? Please provide details.

Have you reported the incident to anyone else?

If so please provide details, and any outcomes or action taken.

Additional Information

Please provide additional information that you feel supports your complaint. Add additional sheets of paper if you require more space

Signature

Signature:

Date:

Please send the completed form to Fitness to Practice, IAPT, 6/9 Trinity st, Dublin 2. If you have any queries please contact the IAPT on + 353 (1) 2313033, email: info@iapt.ie or visit www.iapt.ie