



*State of West Virginia
Board of Respiratory Care
106 Dee Drive, Suite 1
Charleston, WV 25311*

Phone: 304-558-1382

Facsimile: 304-558-1383

Complaint Form

Respiratory Therapist Information:

Name: _____

Employer: _____

Address: _____

Supervisor: _____

Human Resources Director:

Telephone Number:

Complainant Information:

Name: _____

Email Address: _____

Address: _____

Telephone Number: _____

Complaint Information:

Date(s) of Alleged Offense(s):

Witnesses: _____

Location(s) of Alleged Offences:

Complaint Allegations:

I/we allege the above-named Respiratory Therapist has violated the one or more laws or rules governing the practice of respiratory care. Checking the boxes below does not limit the Board's authority to pursue other violations.

Complainant's Initials: _____

Please check all that apply:

- ☐ Failure to follow professional standards (national/Board)
- ☐ Failure to follow patient safety standards in the workplace
- ☐ Knowingly harming the physical/mental welfare of a patient
- ☐ Abandonment of patient without proper notification
- ☐ Practicing beyond licensed or qualified scope of practice
- ☐ Impersonating another licensed professional
- ☐ Falsifying a license
- ☐ Assisting unlicensed individuals in performing care
- ☐ Practicing with a suspended, expired, or inactive license
- ☐ Delegating duties to unqualified individuals
- ☐ Violating disciplinary conditions set by the Board
- ☐ Practicing under the influence of drugs or alcohol
- ☐ Practicing with physical/mental impairment
- ☐ Refusing to undergo testing required by the Board
- ☐ Providing false information about license status to an employer
- ☐ Falsifying employment application
- ☐ Providing false education completion information
- ☐ Falsifying patient records or documentation
- ☐ Falsifying credentials
- ☐ Incomplete/incorrect documentation of patient care
- ☐ Filing a false report
- ☐ Obstructing legally required reports
- ☐ Failing to report violations to the Board
- ☐ Fraud or deceit in procuring or renewing a license
- ☐ Unfit or incompetent due to negligence, habits, or other causes
- ☐ Habitual intemperance in the use of alcohol
- ☐ Addiction to or improper use/distribution of drugs or narcotics
- ☐ Felony conviction materially affecting ability to practice
- ☐ Dishonest or unethical conduct
- ☐ Practicing under fraudulently obtained or issued license

Briefly describe your complaint in the space below. (If more space is required, please attach an additional sheet.)

[illegible]

Requested Action by the WV Board of Respiratory Care:

Are you attaching a written statement to this complaint? ☐ Yes ☐ No

Are you attaching supporting documentation to this complaint? ☐ Yes ☐ No

Confidentiality Notice:

Please be advised that in order to ensure procedural due process, a copy of this complaint and any accompanying statement will be furnished to the Respiratory Therapist named in this complaint. This complaint, and any response thereto, is confidential during the initial investigation, but will become a matter of public record if the Board, by majority vote, determines that the complaint either has probable cause to proceed or recommends dismissal due to the lack of probable cause.

Signature of Complainant: _____

Date: _____

Note: It is unlawful to knowingly make false statements or allegations against individuals licensed by this government body.