

NPCTA Complaint Form

Please mail this form to:

National Patient Care Technician Association

Complaint Department

NPCTA

236 Boston Post RD

Orange, CT 06477

Phone: 202-446-1400 TF: 855-601-8195 Fax: 855-460-6735

Email: NPCTAINFO@gmail.com

| Complainant's Information | |
|--|--|
| Name of Person Filing Complaint: | Relationship To Whom Complaint Is About: |
| Street Address or P.O. Box: | |
| City: | |
| State: | |
| Zip: | |
| Phone (day time): | Cell: |
| Facility Information | |
| Name of Facility Involved: | |
| Street Address of Facility: | |
| City: | |
| Zip: | |
| If more than one facility was involved, please list additional facilities along with the address and city information: | |
| Person Whom Complaint is About | |
| Certification holder's Full Name: | |
| Certification Number: | |
| Details of the Event: | |
| Date of Event | |
| Location Where Event Occurred (i.e. unit, room, department, area, site): | |
| Names of Staff Members Involved in Event: | |

Details of the event to include names, dates, titles of persons involved, areas of the facility, shifts, room numbers, etc (Give as much information as possible):

Did you report this event to anyone at another agency? Yes or No

If Yes, please provide the name & title of the person you reported this event to and the date it was reported:

If No, are you considering filing a complaint with another agency? Yes or No

If No please provide the reason that you are not filing a complaint with any other agency:

