



**Complaint Referral Form**  
**Physical Therapist Assistant Program**  
5500 South Zapata Highway, Laredo, TX 78046  
Phone: 956-721-5261 Fax: 956-721-5431  
Email: [esmeralda.vargas@laredo.edu](mailto:esmeralda.vargas@laredo.edu)

**Complaint Against**

Name: \_\_\_\_\_  
 PTA Program     Program Faculty     PTA Student     PTA Graduate

**Person Filing Complaint (\*Required)**

Name: \_\_\_\_\_  
 Physician     Clinical Instructor     Employer     Patient     Patient Family Member  
 Other

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Detail of Complaint**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

The completed form can be emailed or mailed to the address listed at the top.

**\*Neither the Board nor any College employee shall unlawfully retaliate against any member of the general public for bringing a concern or complaint.**