



BOARD OF REGISTERED  
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## COMPLAINANT CONTACT FORM

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The BRPT requires all complainants to provide their contact information so that we can easily contact you for further information and/or to provide you with the outcome of your complaint. Please note that we do not share your contact information with the defendant.

*Please print or type legibly.*

**Name:**

**Mailing Address:**

**Home Phone:**

**Mobile Phone:**

**Email Address:**

**BRPT Credential/s (if any):**

**Certificate #/s:**



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## PROFESSIONAL REVIEW COMPLAINT FORM

The BRPT requires all credential holders (RPSGT, CPSGT, CCSH) to abide by current BRPT Standards of Conduct. When it is believed that a RPSGT has violated these Standards of Conduct the first step is to complete this Complaint Form, which starts the formal investigation process. For matters involving other than an RPSGT, CPSGT or CCSH (i.e.; someone believed to be utilizing the credential fraudulently, please note in the Section II comments line.)

This Complaint Form must be completed in its entirety, signed, and submitted to BRPT, Attention: Professional Review Committee Chairperson, 4201 Wilson Blvd, 3rd Floor, Arlington, VA 22203, **along with all suitable documentation in support of this complaint.** Upon receipt, the Professional Review Committee (the "Committee") will determine whether an inquiry can be initiated under its authority. Please be advised that the Committee will consider only matters regarding possible violations of the BRPT Standards of Conduct.

*Please print or type legibly.*

### SECTION I

Your Name (herein referred to as "Complainant"): \_\_\_\_\_  
Title: \_\_\_\_\_

Relationship to RPSGT, CPSGT or CCSH:

Co-Worker     Employer     Patient     Other \_\_\_\_\_

### SECTION II

Name of Certificant (must be a BRPT credentialed individual)\*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Comments: \_\_\_\_\_

*Please respond to each of the following:*

### **SECTION III**

Cite specific Standards of Conduct Sections alleged to have been violated.

### **SECTION IV**

Cite the nature of your complaint and specific dates and events (please attach supplemental information and documents).

### **SECTION V**

List supporting documentation (i.e., invoices and payments, signed statements from physician(s) and other professional personnel, etc.):

### **IMPORTANT:**

1. By signing this form, I affirm that the allegations set forth in this complaint and any accompanying materials are based on my own personal knowledge and are true and correct to the best of my knowledge and belief. I further affirm that I have submitted any and all information and materials that I believe relate to the allegations set forth in the complaint currently available to me, and I will provide the Committee with any and all additional information, if any, as it becomes available to me, whether or not requested by the Committee. I understand and agree that all information and materials provided by me in connection with this complaint may be considered or used as evidence by the Committee.
2. Further, by signing this form, I acknowledge that all information, including a copy of this complaint, any accompanying letters of complaint and supporting documentation will be submitted to the Committee and the Certificant (in the event that an inquiry is initiated) and may be forwarded to the BRPT Board of Directors, if necessary. I understand that, in the event an investigation is undertaken by the Committee, the Certificant will be requested to submit evidence addressing the allegations of the complaint. I understand that information submitted by the Certificant is subject to my further inspection and review and that I will have an opportunity to respond to such information. I further understand that the Certificant will enjoy the same rights with respect to any and all information provided by me and/or learned by the Committee.

3. Further, by signing this form, I acknowledge that I must treat all information confidential, and that BRPT will keep all information it receives strictly confidential except if it discloses the information to its attorneys, the Certificant, or me, or is required by law, regulation or court order to disclose the information.
4. I further acknowledge that I have read the enclosed Rules and Procedures and understand the process applicable to professional discipline complaints.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date