CENTRAL PIEDMONT
COMMUNITY COLLEGE

Concerns or complaints about the Physical Therapist Assistant program can be directed to:

Roschella Stephens, PT, MS
Associate Dean Therapy and Acute Care
Central Piedmont Community College
P.O. Box 35009
Belk/Health Careers Building
Charlotte, NC 28235-5009
Email: mailto:roschella.stephens@cpcc.edu
Phone: 704-330-6746

Comments must be provided in writing and signed by the author. Anonymous submissions will not be acknowledged, nor will written comments provided on behalf of an anonymous source. Comments received via phone or email will be directed to submit using the form on the next page.

Complaints may also be filed directly to the Commission on Accreditation in Physical Therapy Education (CAPTE) at 3030 Potomac Ave. Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; e-mail: accreditation@apta.org; website: http://www.capteonline.org/Complaints

* No retaliation will occur by either the PTA Program or College due to a complaint being filed.

PTA Program Complaint Form

The PTA program complaint form will be used for handling complaints that are related to the PTA program from external sources. This form will be kept as a record of any complaint about the program, including the nature of the complaint and the disposition of the complaint.

Person(s) Filing Complaint: _____

Contact Made By: Phone ____ Email ____Visit____

Nature of Problem:

_____
_____
_____
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_____
_____

_____ _____

Signature of Person(s) Filing Complaint **Date**

For Office Use Only:

Fact Finding:

_____
_____
_____
_____

Data to Verify Complaint:

_____
_____
_____
_____

Suggested Steps for Resolution:

_____
_____
_____
_____
_____

Info Provided To: _____ on (Date) _____

By: Phone ___ Email ___Visit___

Results (Include Date of Resolution):

_____
_____
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_____
_____
_____

Program Director: _____

Signature: _____

Date: _____

Associate Dean: _____

Signature: _____

Date: _____