

CT State @ Naugatuck Valley

Physical Therapist Assistant Program

Complaint Process (outside of due process appeals for students)

Introduction

This complaint process applies to all individuals and includes but is not limited to prospective, current, and past students, clinical education sites and educators, employers of graduates, and the general public. There is no retaliation of any type against the complainant. Complaints can also be made to the accrediting body: Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave, Suite 100, Alexandria, VA, 22305-3085; tel. 703-706-3245

Process Description

Each step of the process has distinct deadlines to ensure resolution of the complaint in a timely fashion. This complaint can be dismissed if the complaint is intended to harass, embarrass, or has otherwise been filed in bad faith.

Step 1 – Submission of the Complaint

The complainant shall complete the “PTA Complaint Form” with appropriate supporting documents to the Program Director of the Physical Therapist Assistant Program.

The written complain form will be reviewed by the PTA program director with a written response provided within two weeks. The form will be kept on file in the PTA Program for one year.

A formal complaint does not need to be completed in all situations. All PTA students who have a concern in a specific course should discuss their concern with the specific course instructor

Step 2 – Appeal to the Associate Dean

If the response by the PTA program director does not result in a resolution, the person filing the complaint can chose to forward the documentation to the Associate Dean of Health Sciences for review.

Step 3 – Appeal to the Dean

If the response by the Associate Dean does not result in a resolution, the person filing the complaint can chose to forward the documentation to the Dean of Nursing & Health Careers.

The Associate Dean or Dean will provide a written response within 2 weeks.

CT State @ Naugatuck Valley

Physical Therapist Assistant Program Complaint Form

Step 1: Complaint filed with Program Director

Name (printed): _____

Contact email: _____ Phone: _____

Please check one of the following:

_____CSCU employee _____student _____employer _____clinical site

_____other: (specify)_____

Please describe your complaint. Add additional pages if needed.

State your desired outcome:

Attached all documentation supporting your complaint.

Signature: _____

Date: _____

Physical Therapist Assistant Program Complaint Form

Step 1.B. Program Director Response

Complaint received by: _____ Date: _____

Response:

Resolution:

Communication to Complainant:

PD Name (printed): _____

PD Signature: _____ Date: _____

This form will be kept on file for one (1) year. If complainant is not satisfied with the resolution presented he/she can appeal to the Associate Dean of Health Sciences.