



COMPLAINT FORM

Board: _____ **Profession:** _____

[Click here for a list of the Boards and Programs](#)

COMPLAINT FILED AGAINST:		
License # _____		
Name _____	and _____	Company: _____
Mailing _____		Address: _____
Phone: Home _____	Business _____	Cell _____
Email: _____		

COMPLAINT FILED BY:		
Name _____	and _____	Company: _____
Mailing _____		Address: _____
Phone: Home _____	Business _____	Cell _____
Email: _____		
Relationship to subject of the complaint: _____		

Nature of Complaint (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Substandard practice | <input type="checkbox"/> Poor communication |
| <input type="checkbox"/> Mental/physical disability | <input type="checkbox"/> Failure to release records |
| <input type="checkbox"/> Non-compliance with Board order | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> Overutilization | <input type="checkbox"/> Improper prescriptions |
| <input type="checkbox"/> Unlicensed practice | <input type="checkbox"/> Client abandonment |
| <input type="checkbox"/> Abuse of client | <input type="checkbox"/> Poor record keeping |
| <input type="checkbox"/> Criminal conviction | <input type="checkbox"/> Inappropriate care of child client |
| <input type="checkbox"/> Addiction to drugs/alcohol | <input type="checkbox"/> Billing/fee dispute* |
| <input type="checkbox"/> Misdiagnosis of condition/problem | <input type="checkbox"/> Other, please describe:
_____ |
| <input type="checkbox"/> Sexual contact with client | |

1. Provide a chronological statement of your complaint, including dates and type or legibly write your complaint on the complaint form.
(Please attach a separate sheet of paper for any additional information.)

