

NORTH CAROLINA PSYCHOLOGY BOARD
895 State Farm Road, Suite 101
Boone, North Carolina 28607
Telephone: (828) 262-2258

COMPLAINT/INQUIRY FORM

*Complete and mail this form to the above address.
(Faxed or electronic submissions are not accepted at this time.)*

1. Person Making Complaint: _____

Address: _____

City, State, Zip Code: _____ Telephone: (____) _____

Email Address _____

2. Person Complained About: _____

Address: _____

City, State, Zip Code: _____ Telephone: (____) _____

Is this person licensed as a psychologist in North Carolina? Yes No

3. Give a specific and detailed description of the ethical and/or legal violation(s).
If familiar with the APA Ethics Code and/or the NC Psychology Practice Act, cite the Standard(s) and/or statute(s) which you feel have been violated. (Attach additional sheets if necessary.)

4. Give the dates of violation(s). _____

5. Have you discussed this situation with the person about whom you are complaining?

Yes No Have you taken any other action? Yes No (if yes, describe):

6. If available, provide the names and addresses of other persons who could provide information or would be potential witnesses, and state their relationship to the matter.

Name _____

Name _____

Address _____

Address _____

City, St, Zip _____

City, St, Zip _____

Telephone: (____) _____

Telephone: (____) _____

Relationship to Matter: _____

Relationship to Matter: _____

Name _____

Name _____

Address _____

Address _____

City, St, Zip _____

City, St, Zip _____

Telephone: (____) _____

Telephone: (____) _____

Relationship to Matter _____

Relationship to Matter _____

7. Required Releases:

A. I hereby give the person against whom I am making the complaint, permission to give the Board or its employees or agents all records of our interactions and to answer all questions the Board or its employees or agents may ask concerning those interactions.

B. I hereby give the persons listed under Item #6 on this form, or on an attached sheet, permission to answer all questions the Board or its employees or agents may ask regarding their knowledge of this matter.

C. I hereby give the Board or its employees or agents, permission to quote in part or entirety my complaint letter(s) and this checklist to the person against whom I am making the complaint, and to other persons who may be contacted for information pertinent to the complaint.

Date: _____

Signature: _____

8. I agree to appear before the Board in a formal or informal hearing, as may be necessary.

Yes No (attach explanation)

Date: _____

Signature: _____

9. I understand that information received may be subject to the public record statutes of North Carolina. However, I request that the Board withhold from public disclosure my identity and delete any identifying information concerning the treatment or delivery of psychological services to me.

Yes No Not Applicable (i.e., not a client or patient)

Date: _____

Signature: _____