

North Carolina Board of Licensed Professional Counselors

PO Box 1369, Garner, NC 27529
Phone: 919/661-0820 Fax: 919/779-5642

COMPLAINT/INQUIRY FORM

When submitting this form include three(3) additional sets of all relevant materials.

1. Person making complaint/inquiry: _____
Address _____
City/State/Zip _____
Phone _____

2. Person complained about/nature of inquiry: _____
Address _____
City/State/Zip _____
Phone _____

Is person a Licensed Professional Counselor in N.C.? yes no not sure

3. Give a specific and detailed description of the ethical and/or legal violation(s). Please cite the Standard(s) and/or Statutes which you feel have been violated. (attach additional sheets as necessary): _____

4. Date(s) of violation(s): _____

5. Have you discussed this situation with the person about whom you are complaining? yes no

6. Have you taken other action? yes no, If yes, please describe: _____

7. List the names, addresses, phone numbers, and relationship to situation of persons who could give information or be potential witnesses: _____

(Continue on other side)

8. Required Releases:

- A. I hereby give the person against whom I am making the complaint, permission to give the Board, its employees, or agents all records of our interactions and to answer all questions the Board, its employees, or agents may ask regarding these interactions.
- B. I hereby give the persons listed under item #7 on this form, or on an attached sheet, permission to answer all questions the Board, its employees, or agents may ask regarding their knowledge of this matter.
- C. I hereby give the Board, its employees, or agents, permission to quote in part or entirely my complaint letter(s) and this form to the person against whom I am making the complaint, and to other persons who may be contacted for information pertinent to the complaint.

Signature: _____ Date: _____

9. I agree to appear before the Board in a formal or informal hearing as may be required:
yes no (If no, please explain)

Signature: _____ Date: _____

10. I understand that information received may be subject to 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 counseling services to me.

yes no I am not/have not been a client of the complaintee.

Signature: _____ Date: _____



FOR OFFICE USE ONLY:

Date complaint received:	_____
Is Complaintee an LPC?	<input type="checkbox"/> yes Lic # _____ <input type="checkbox"/> no
Letters of receipt mailed.	<input type="checkbox"/> Date: _____
Copies sent to Ethics Committee.	<input type="checkbox"/> Date: _____
Scheduled Review Date.	<input type="checkbox"/> Date: _____
Investigation Initiated	<input type="checkbox"/> Date: _____

Nature of Complaint: _____

Committee Recommendation: _____

AFTER FINAL BOARD DECISION:

- Action letter to LPC
- Action letter to LPC Advocate
- Action letter to Complainitor