

North Carolina Board of Licensed Professional Counselors

P. O. Box 1369, Garner, NC 27529
Phone :919.661.0820 Fax : 919.779.5642

COMPLAINT/INQUIRY FORM

[Submit three(3) copies of this form and 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

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, attach explanation)

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? yes Lic # _____ no

Letter sent to complaintor acknowledging receipt of complaint. Date : _____

Letter sent to LPC/Complaintee. Date: _____

Copies of all sent to Ethics Chair. Date : _____

File made with originals and copies. Date : _____

Investigation Initiated Date : _____

AFTER FINAL BOARD DECISION :

- Action letter to LPC
- Action letter to LPC Advocate
- Action letter to Complaintor