



Alabama Board of Examiners in Counseling

950 22nd Street North, Suite 765 • Birmingham, Alabama 35203 • (205) 458-8716

INFORMATION ABOUT FILING A COMPLAINT

- Complete as much of the information on the complaint form as possible. The form must be signed and notarized. Also supply your current mailing address and telephone number(s). Mail the completed form to: Alabama Board of Examiners in Counseling, 950 22nd Street North, Suite 765, Birmingham, Alabama 35203.
- Provide as much information as possible about the circumstances leading to the filing of the complaint.
- For information on the Board's complaint procedures, use the Laws and Rules button on the Home Page to view Chapter 255-X-8 of the Administrative Code.
- Use the Laws and Rules button on the Home Page to view the *Code of Ethics and Standards of Practice* for licensed Professional Counselors and Associate Licensed Counselor.
- For additional information, contact the Alabama Board of Examiners in Counseling 800 822-3307 or 205 458-8716.



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ALABAMA BOARD OF EXAMINERS IN COUNSELING

STATEMENT OF COMPLAINT

(Please type or print legibly)

1. Name of Counselor _____
2. Is the counselor licensed by this Board? Yes No
3. License Number _____
4. Counselor's Titles or Degrees _____
5. Other Certifications If Known _____
6. Counselor's Place of Business _____
7. Counselor's Mailing Address _____

8. Complainant's Relationship to Counselor: I
 Client Co-Professional State Official Other
9. If Client, list:
 - a. Date Counseling relationship began _____
 - b. Date when problem first occurred _____
 - c. Date counseling relationship terminated _____
10. If other, please explain: _____

11. The grounds upon which a licensed professional counselor or associate licensed counselor may be disciplined include the following. Please indicate the area of your complaint.

<input type="checkbox"/> a. Conviction of a Felony	<input type="checkbox"/> e. Fraud/Deception
<input type="checkbox"/> b. Violation of Code of Ethics	<input type="checkbox"/> f. Misuse of License
<input type="checkbox"/> c. Abuse of Drugs/Alcohol	<input type="checkbox"/> g. Mental Incompetence
<input type="checkbox"/> d. Impersonation of Someone who holds a license.	<input type="checkbox"/> h. Violation of Any Provisions of <u>Code of AL 1975, §34-8A-1 et seq.</u>

12. Briefly explain your reason for filing a complaint. Attach additional sheet(s) if necessary:

13. If the Board decides a hearing must be held, are you willing to testify in front of a formal hearing panel?
 Yes No

14. If yes, do you understand you might be cross-examined by attorneys?
 Yes No

15. Do you understand that any other germane documents can be subpoenaed by the Board?
 Yes No

16. Do you understand that hearings ordinarily are held in Birmingham?
 Yes No

17. Are you willing to provide an authorization for the release of confidential information which will allow the licensee to disclose information to this Board regarding your counseling relationship? Yes No

18. If the complaint involves an underage (minor) child, do you have the custodial authority to provide an authorization for the release of confidential information for the child? Yes No

I swear/affirm that the statements contained herein are true in every respect and that I did not misrepresent any information contained in this document. I also indicate by my signature my awareness that a copy of this document and all attachments may be supplied to the person named on line #1 of this form.

State Of _____ County Of _____

The undersigned, being sworn, deposes and says that he/she is the person who executed this document, and that the statements contained herein are true in every respect.

Sworn to and subscribed before me this _____ day of _____, _____.

Complainant's Signature

Notary Public

Print Name of Complainant

My Commission Expires

Address

Seal:

Phone