





# Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

## PERSONAL AND BACKGROUND INFORMATION

▶ Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

▶ Complainant's Name (last/first/middle): \_\_\_\_\_

▶ List the contact information you wish the Board to use for corresponding.

(street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code & ext.): \_\_\_\_\_ Email: \_\_\_\_\_

▶ On a separate typed sheet(s) provide a detailed *explanation* of your reason for filing this complaint. Attach copies of your evidence.

▶ If the complaint involves an underage (minor) child, do you have rights of custody for the child? .....  
 Yes  No

## COUNSELOR

▶ Name of Counselor: \_\_\_\_\_

▶ Is the Counselor licensed by this Board? .....  Yes  No

If yes, License No.: \_\_\_\_\_

▶ Business (organization name): \_\_\_\_\_

(street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code & ext.): \_\_\_\_\_ Email: \_\_\_\_\_

This is a:  Private Practice  Non-profit  Government Agency (local, municipal, state, federal)

▶ Your Relationship to Counselor (Check all applicable.)

Co-professional/Colleague

Other (explain): \_\_\_\_\_

Client - Service Dates From/To (mo/yr – mo/yr): \_\_\_\_\_



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## AFFIDAVIT

*Must be signed and notarized.*

- ▶ I authorize the Alabama Board of Examiners in Counseling (ABEC) to make such inquiry as necessary in validating information contained in this complaint form.
- ▶ I understand that the Board has final decision and authority with reference to this complaint. I understand that any false or misleading information in connection with this complaint may be cause for rejection of the complaint and/or possible legal action for such fraudulent information.
- ▶ I, the undersigned swear/affirm that I am over the age of 19 years, am the person who executed this complaint; that the statements contained herein are true in every respect; that I have not suppressed any information that might affect this investigation; and that I have read and understand this affidavit. I also affirm my awareness that a copy of this document and all attachments will be supplied to the counselor named in this complaint.
- ▶ I understand that if a hearing is held as a result of my complaint, I must appear before the ABEC at the hearing to testify concerning the complaint allegations. I understand that I may be cross-examined by an attorney and that hearings before the Board are held in Montgomery, Alabama and are open to the public.

Complainant (sign): \_\_\_\_\_ (print): \_\_\_\_\_

Address (street): \_\_\_\_\_

(city, state, zip): \_\_\_\_\_

Phone (incl. area code): \_\_\_\_\_ Email: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public (sign): \_\_\_\_\_ (print): \_\_\_\_\_

My commission expires: \_\_\_\_\_

### **SUBMIT THIS FORM AND DOCUMENTATION TO:**

Alabama Board of Examiners in Counseling  
2777 Zelda Rd.  
Montgomery, AL 36106