



Alabama Board of Examiners in Counseling

2777 Zelda Road • Montgomery, Alabama 36106

ABEC COMPLAINT FORM

A COMPLETE ABEC COMPLAINT PACKET MUST INCLUDE:

- 1) Complete, *with signatures*, ABEC Complaint Form
- 2) Authorization for Release of Confidential Information for adult and/or minor, as appropriate.
 - a) If your complaint is against a licensed counselor whom you have employed for counseling services, for you or your dependent, then a Release of Confidential Information for that relationship is required.
- 3) A detailed *explanation* of your reason for filing this complaint.
 - a) The *explanation* clarifies the nature of your complaint but may not necessarily be considered evidence to support the complaint. Provide a timeline of events with your explanation.
- 4) Evidence to support the allegation
 - a) *Evidence* supports the allegations you have made in this complaint. Copies of original evidence are acceptable for the investigation. Evidence containing dates is extremely helpful.
- 5) Documentation, if applicable, of custody rights of child(ren)
 - a) If you are divorced from the minor's other parent, you must include evidence of court decision verifying your custodial rights, or rights to make medical decisions, for said dependent.



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PERSONAL AND BACKGROUND INFORMATION

- ▶ Date: _____
- ▶ 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