



ALABAMA BOARD OF EXAMINERS IN COUNSELING

400 South Union Street, Suite 245·Montgomery, Alabama, 36104
Post Office Box 305030, Montgomery, Alabama 36130

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)
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.

Email completed form to: ma.davis@abec.alabama.gov



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COMPLAINANT INFORMATION

Date: _____

Complainant's Name (first/middle/last): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ 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 INFORMATION

Name of Counselor: _____

Is the Counselor licensed by this Board? Yes No If yes, License No.: _____

Business (organization name): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ 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): _____

Signature: _____ Date: _____