

**NORTH CAROLINA PSYCHOLOGY BOARD**  
**895 State Farm Road, Suite 101**  
**Boone, NC 28607**  
**Telephone: (828) 262-2258**

**COMPLAINT/INQUIRY FORM**

1. Person Making Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address \_\_\_\_\_

2. Person Complained About: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is this person licensed as a psychologist in North Carolina?

License# (if known/applicable): \_\_\_\_\_

3. Give a specific and detailed description of the ethical and/or legal violation(s).  
If familiar with the APA Ethics Code and/or the NC Psychology Practice Act, cite the Standard(s) and/or statute(s) which you feel have been violated. (Two additional sheets are available at the end of this document and additional sheets are available as a separate document, if necessary.)

4. Give the dates of violation(s). \_\_\_\_\_
5. Have you discussed this situation with the person about whom you are complaining or taken any other action?

If Yes, describe:

6. If available, provide the names and addresses of other persons who could provide information or would be potential witnesses, and state their relationship to the matter.

Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Matter: \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Matter: \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Matter: \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Matter: \_\_\_\_\_

\_\_\_\_\_

7. Required Releases:

A. I hereby give the person against whom I am making the complaint, permission to give the Board or its employees or agents all records of our interactions and to answer all questions the Board or its employees or agents may ask concerning those interactions.

B. I hereby give the persons listed under Item #6 on this form, or on an attached sheet, permission to answer all questions the Board or its employees or agents may ask regarding their knowledge of this matter.

- C. I hereby give the Board or its employees or agents, permission to quote in part or entirety my complaint letter(s) and this checklist to the person against whom I am making the complaint, and to other persons who may be contact for information pertinent to the complaint.

Date: \_\_\_\_\_ Your Name \_\_\_\_\_

8. I agree to appear before the Board in a formal or informal hearing, as may be necessary.

(if No, attach explanation)

Date: \_\_\_\_\_ Your Name \_\_\_\_\_

9. I understand that information received may be subject to the 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 psychological services to me.

Have you discussed this situation with the person about whom you are complaining or taken any other action?

Not Applicable (i.e., not a client or patient)

Date: \_\_\_\_\_ Your Name \_\_\_\_\_

**PLEASE READ CAREFULLY**

I verify by typing my name on the line below that the facts and statements set forth in this complaint are true and correct to the best of my knowledge, information and belief. By typing my name on the line below and submitting this complaint form I intend to sign this complaint form electronically.

Date: \_\_\_\_\_ Your Name \_\_\_\_\_

Page for Additional Information about of the ethical and/or legal violation(s) in this Complaint.

Date: \_\_\_\_\_ Your Name \_\_\_\_\_

Page for Additional Information about of the ethical and/or legal violation(s) in this Complaint.

Date: \_\_\_\_\_ Your Name \_\_\_\_\_