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

Save a copy of this form and email it to ExecutiveDirector@NCPsychologyBoard.org

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? ☐ Yes ☐ No

   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. (Attach additional sheets 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? ☐ Yes ☐ No 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.

☐ Yes ☐ No (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.

☐ Yes ☐ No ☐ 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 the ethical and/or legal violation(s) in this complaint.

Date: _____ Your Name: _____

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

Date: _____ Your Name: _____

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