

## COMPLAINT REGISTRATION INSTRUCTIONS

*This document may be made available in alternative formats upon request.*

Minnesota Statutes, section 214.10 requires that a complaint to a Board be submitted in writing. Please complete the attached complaint form as follows:

Section 1: Provide your full name, current mailing address, and home, cell, and/or work phone number.

Section 2: Provide the name of the individual against whom you are filing the complaint. Also, provide that person's address and phone number if you have this information.

Section 3: Please state, with as much detail as possible, all of the facts related to the complaint you are submitting to the Board. Include any information, such as names, dates, times, or places that may be relevant to our investigation, as well as any documents or records that are in your possession or list those which you know exist and where they may be obtained. If you submit original records or documents, please indicate that they are originals, so that they may then be copied and returned to you. The Board may or may not contact you for additional information.

The use of this form is not required. However, if you chose to write your complaint in a different format, be sure to provide the information requested in sections 1, 2, and 3 above.

Please note that the Minnesota Board of Psychology's authority to investigate complaints is limited to those submitted on: Licensed Psychologists (LP), Licensed Psychologist – Volunteers (LP-V), individuals granted Guest Licenses (GL), applicants for licensure, and individuals practicing psychology without a license in the State of Minnesota. Additionally, state law does not give the Board of Psychology jurisdiction over fees charged for psychological services.

Minnesota law requires that a notarized complaint be on file with the Board before a hearing is scheduled. After you sign the complaint form (or your complaint in a different format) in the presence of a notary, date the form and send it to the Board.

The Board will notify you in writing within 14 days of the receipt of your complaint. You will also be notified in writing of the disposition of the complaint when the investigation is concluded

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# COMPLAINT REGISTRATION FORM

## NOTICE OF RIGHTS UNDER THE MINNESOTA DATA PRACTICE ACT

Data are compiled to investigate, conciliate, mediate, litigate or otherwise resolve an allegation of violating applicable law or administrative rule governed by the Minnesota Board of Psychology (Board). While you may refuse and are not legally required to supply private or confidential data, failing to provide data requested may result in the dismissal of the complaint. Data you provide will be available to Board members and staff involved in processing the complaint and may be released to other regulatory or investigative agencies, including but not limited to the Office of the Minnesota Attorney General.

In the event disciplinary or corrective action is issued, information used to substantiate the action may be made public. The identity of the complainant, however, is not made public.

<b>SECTION 1:</b> <i>YOUR NAME, ADDRESS &amp; PHONE NUMBERS</i>		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	OTHER PHONE:	E-MAIL (Preferred)

<b>SECTION 2:</b> <i>NAME, ADDRESS, PHONE NUMBER OF INDIVIDUAL YOU ARE COMPLAINING ABOUT</i>			
NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:

**SECTION 3:**  
*STATEMENT OF COMPLAINT (Use Additional Sheets As Necessary)*

[Large empty rectangular box for the Statement of Complaint]

Subscribed and sworn to me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

[Notary Stamp box]

Notary Stamp

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Notary Public