

## COMPLAINT FORM

THE BOARD OF BEHAVIORAL HEALTH AND THERAPY'S AUTHORITY TO INVESTIGATE COMPLAINTS IS LIMITED TO:

- **INDIVIDUALS LICENSED WITH THE BOARD OF BEHAVIORAL HEALTH AND THERAPY (BBHT)**
  - **LICENSED PROFESSIONAL CLINICAL COUNSELORS (LPCC), LICENSED PROFESSIONAL COUNSELORS (LPC), LICENSED DRUG AND ALCOHOL COUNSELORS (LADC), AND TEMPORARY PERMIT HOLDERS**
- **BBHT APPLICANTS FOR LICENSURE OR A TEMPORARY PERMIT**
- **INDIVIDUALS PRACTICING PROFESSIONAL COUNSELING OR ALCOHOL AND DRUG COUNSELING WITHOUT A LICENSE**
- **PERSONS PRACTICING WITH A PRIVILEGE TO PRACTICE THROUGH THE COUNSELING COMPACT**

- ☐ This Complaint Form may be submitted to the BBHT via US mail, or electronically by e-mail or fax. BBHT's contact information is listed above.
- ☐ Complete both pages of the Complaint Form to the best of your ability and include a detailed description of all the facts related to your complaint. You may attach any information or documents relevant to your complaint. Please do NOT send original documents.
- ☐ The BBHT will notify you in writing within 14 days of the receipt of your complaint. You will also be notified in writing of the outcome of your complaint when the investigation is concluded. The BBHT may contact you for additional information. More information about the complaint resolution process is available at the BBHT's website.

### YOUR CONTACT INFORMATION

Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City State, Zip: \_\_\_\_\_  
Address Type: ☐ Home ☐ Business ☐ Other  
Phone Number: \_\_\_\_\_  
Phone Type: ☐ Mobile ☐ Business ☐ Home ☐ Other  
Email Address: \_\_\_\_\_  
I am (check all that apply): ☐ Client/patient ☐ Family of client/patient  
☐ Supervisor/Employer ☐ Co-Worker  
☐ Other: \_\_\_\_\_

### INDIVIDUAL YOU ARE FILING A COMPLAINT ABOUT

Full Name: \_\_\_\_\_  
Workplace (Clinic/Facility): \_\_\_\_\_  
License Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## DETAILED STATEMENT OF COMPLAINT

*You may attach additional sheets, records, or documentation as necessary. Please do NOT send originals.*

**Notice of Rights under the Minnesota Data Practices Act:** *This data is being collected to investigate and resolve allegations that a person within the jurisdiction of the BBHT has violated a law that the BBHT is authorized to enforce. You may refuse to provide this data, but if you do not provide this data, the BBHT may be unable to fully investigate your complaint. Your identity will not be made public, although some of the data you provide could become public if the Board takes disciplinary or corrective action against the licensee. Some of the data you provide will be accessible to BBHT staff and may also be released to other persons or governmental entities that have statutory authority to review the data, such as Board members, the Office of the Minnesota Attorney General, and the Office of the Legislative Auditor.*

I attest that all information provided in this complaint registration form is true and correct to the best of my knowledge.

**Signature of Complainant:** \_\_\_\_\_ **Date:** \_\_\_\_\_