

## COMPLAINT FORM INSTRUCTIONS

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: Complete this section with your full name, current mailing address and home and/or work telephone number.

Section 2: Provide the name of the (a) Licensed Professional Counselor or applicant, (b) Licensed Professional Clinical Counselor, (c) Licensed Alcohol and Drug Counselor, (d) Temporary Permit Holder, or (e) license or permit applicant of the Board of Behavioral Health and Therapy against whom you are filing the complaint. Also, provide that person's address and telephone number if you have this information. Please note that the Minnesota Board of Behavioral Health and Therapy has jurisdiction only over individuals who are of the status listed above.

Section 3: Please state in sufficient detail *all* the facts that relate to the complaint you are submitting to the Board. ***The Board may or may not contact you for additional information.*** Include any relevant names, dates, times, places, and 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.

Section 4: If you are the client, it may be necessary for the Board to obtain a copy of your records so that your complaint can be properly evaluated. For this reason, we have included a Records Release and Authorization for your signature. You are not legally required to sign the release; your complaint will be evaluated regardless of whether you sign. However, not signing may limit our ability to evaluate your complaint.

# COMPLAINT FORM INSTRUCTIONS

- The use of this form is not required. However, if you choose to write your complaint in a different format, be sure to provide the information requested in Sections 1, 2, and 3 above.
- The Minnesota statutes and rules relating to disciplinary action and professional conduct are available on our web site ([www.bbht.state.mn.us](http://www.bbht.state.mn.us)) to aid you in describing the incident(s) that led you to file a complaint. For Licensed Professional Counselors and Licensed Professional Clinical Counselors, the relevant regulations are Minnesota Statutes section 148B.59 and Minnesota Rules parts 2150.7500 to 2150.7610. For Licensed Alcohol and Drug Counselors, the relevant regulations are Minnesota Statutes section 148C.09 and Minnesota Rules part 4747.1400 for conduct that occurred before August 1, 2012, and Minnesota Statutes section 148F.09 and 148F.12 through 148F.2051 for conduct that occurred after August 1, 2012. You may also request the board office to send you copies of the regulations. Please note that state law does not give the Board of Behavioral Health and Therapy jurisdiction over fees charged for professional counseling or alcohol and drug counseling services.
- The complaint form indicates that your signature should be notarized. Minnesota law requires that a notarized complaint be on file with the Board before a hearing is scheduled. After you sign the complaint form in the presence of a notary, date the form, and mail it to the Board.
- The Board will notify you in writing when your complaint is received. The Board will also notify you in writing every 120 days of the status of the complaint. You will be notified in writing of the disposition of the complaint when the case is concluded.

# COMPLAINT REGISTRATION

## MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

335 Randolph Avenue, Suite 290, St. Paul, MN 55102

PHONE: 651-201-2756

FAX: 651-797-1374

### NOTICE OF RIGHTS UNDER THE MINNESOTA DATA PRACTICE ACT

I understand that I am not legally required to complete or return this form. It is offered so that the Board may properly and thoroughly evaluate and investigate this complaint and, if necessary, submit this information in any legal proceeding. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board to disclose this information to those whom they reasonably believe have a need to know.

#### SECTION 1:

#### YOUR NAME, ADDRESS & TELEPHONE NUMBER

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

WORK PHONE:

#### SECTION 2:

#### NAME OF HEALTH CARE PROFESSIONAL YOU ARE COMPLAINING ABOUT

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE:



**SECTION 4:**

**RECORDS RELEASE AND AUTHORIZATION**

TO: ANY LICENSED PROFESSIONAL COUNSELOR, LICENSED PROFESSIONAL CLINICAL COUNSELOR, LICENSED ALCOHOL AND DRUG COUNSELOR, TEMPORARY PERMIT HOLDER, TREATMENT FACILITY, OR OTHER INSTITUTION:

I, \_\_\_\_\_, authorize the Minnesota Board of Behavioral Health and  
(Client Name)  
Therapy or the Board's designee to obtain, and authorize the person to whom this authorization is presented to release, any and all information contained in my treatment records.

I authorize you to furnish a copy of any of my health records to, or allow those records to be inspected and/or copied by, the Minnesota Board of Behavioral Health and Therapy, its agents, and agents of the Attorney General's Office representing the Board. I further authorize you to respond to written and/or oral questions concerning my treatment and your findings as directed to you by the Minnesota Board of Behavioral Health and Therapy, its agents, and agents of the Attorney General's Office representing the Board, and to testify without limitation as to any and all of your findings and/or treatment information referred to in said records. I release you from liability for so releasing said records or so responding to questions directed to you by the Minnesota Board of Behavioral Health and Therapy, its agents, and agents of the Attorney General's Office representing the Board, or from so testifying. I waive any privileges afforded me by law relating to the disclosure of or introduction into evidence of health information.

A photocopy of this release and authorization may be considered as valid as the original.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature (or signature of legal guardian)

\_\_\_\_\_  
Address (street address)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date