

COMPLAINT REGISTRATION INSTRUCTIONS

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

Section 1: Provide your full name, current mailing address, contact telephone number(s) and email address. Note: The Board will accept an anonymous complaint; however, the Board's ability to review and investigate anonymous complaint allegations may be limited.

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 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 they may 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 Marriage and Family Therapy's authority to investigate complaints is limited to those relating to conduct by a MN Licensed Marriage and Family Therapist (LMFT), Licensed Associate Marriage and Family Therapist (LAMFT), an applicant for licensure, or individuals practicing marriage and family therapy without a license in the State of Minnesota. The Board can only act against an individual's marriage or family therapy license; it cannot impose or award any other type of relief or remedy. Additionally, state law does not give the Board of Marriage and Family Therapy jurisdiction over fees charged for therapy services.

The Board will notify you in writing upon receipt of your complaint. You will also be notified in writing of the disposition of the complaint when the investigation is concluded. Please note that complaint review and investigation is often a lengthy process that may take several weeks or months before a matter is resolved or concluded.

Please also review / refer to information regarding complaint filing and handling on the [Board's website](#).

This document is available in alternative formats to individuals with disabilities by calling (612) 617-2220 or through the Minnesota Relay Service at (800) 627-3529

COMPLAINT REGISTRATION FORM

NOTICE OF RIGHTS UNDER THE MINNESOTA DATA PRACTICE ACT

Data is compiled to investigate, conciliate, mediate, litigate, or otherwise resolve an allegation of violating applicable law or administrative rule governed by the Minnesota Board of Marriage and Family Therapy (Board). While you may refuse and are not legally required to supply private or confidential data, failing to provide data requested may result in dismissal of the complaint. Data you provide will be available to Board members, 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 (person filing the complaint) is not made public.

SECTION 1: <i>YOUR NAME, ADDRESS, PHONE NUMBER(S) & EMAIL</i>		
COMPLAINANT NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PRIMARY PHONE:	ALTERNATE PHONE:	EMAIL:

SECTION 2: <i>NAME, ADDRESS, PHONE NUMBER OF INDIVIDUAL YOU ARE FILING COMPLAINT ABOUT</i>		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PRIMARY PHONE:	EMAIL:	

