MINNESOTA
COMPETENCY ATTAINMENT BOARD

Forensic Navigator Program Public Complaint Form

Instructions

Use this form to report a concern or complaint about forensic navigator services provided through the Minnesota Competency Attainment Board (MNCAB). Complaints may relate to the services provided, decisions or actions taken by a forensic navigator, supervisor, or other MNCAB employee, or about MNCAB's administration of the forensic navigator program.

Please provide as much accurate and detailed information as possible to help us understand and review your concern. MNCAB will review all complaints fairly and in accordance with applicable laws, policies, and procedures.

Before submitting a complaint, please review the **Forensic Navigator Complaint Procedures** so you understand the types of concerns that can be reviewed and what to expect during the complaint process.

If MNCAB determines that your concern falls outside its authority, such as an issue overseen by a different agency, MNCAB will notify you and, when possible, provide information about the appropriate agency or resource to contact.

Complaint Form

Information for Person Submitting the Complaint

Name *(First, Middle Initial, Last Name)*	
Mailing Address *(Location, City, State, Zip)*	
Phone Number *(include area code)*	
Email Address	
Preferred Method of Contact	☐Email ☐Phone ☐Mail

Are you reporting this concern on behalf of someone else?

If yes, provide the name and contact information for the individual:

What is your relationship to the individual?

MINNESOTA
COMPETENCY ATTAINMENT BOARD

Complaint Details

This complaint involves:

☐ Forensic Navigator ☐ Forensic Navigator Supervisor	☐ Forensic Navigator Program Manager ☐ Other MNCAB Employee ☐ MNCAB Program Services
Employee Name *(if known)*	

Date(s) of Incident(s):

Location (if applicable):

Court Case Information (county, file number), if known:

Description

Please describe your concern in as much detail as possible. Include what happened, when it happened, who was involved, and why you believe the actions or conduct may have violated forensic navigator program requirements, responsibilities, or MNCAB policies.

You may attach copies of any documents or other information that support your complaint. Please do not submit original documents. If you need more space, attach additional pages.

Description:

Have you attempted to resolve the issue informally with the individual or others?

If yes, please describe when and with whom:

What outcome or resolution are you seeking?

MINNESOTA
COMPETENCY ATTAINMENT BOARD

Supporting Documentation

Please list any documents or information that support your complaint and include copies when you submit this form. Examples include emails, text messages, letters, photographs, or witness statements.

If you cannot provide copies, you may submit screenshots or describe the information in detail.

Declaration

I confirm that the information I have provided is accurate to the best of my knowledge. I understand that submitting this form does not guarantee a specific outcome, but that my complaint will be reviewed fairly and promptly.

Signature:

Printed Name:

Date:

Next steps

After you submit your complaint:

- MNCAB will acknowledge receipt of your complaint and provide information about the review process, including the contact person assigned to your complaint.
- The person assigned to your complaint will review the information provided and may contact you if additional information is needed.
- If you have additional information to share after submitting your complaint, you may provide it to the contact person identified in the acknowledgement notice.
- MNCAB will notify you of the outcome of the review once it is complete.
- If you disagree with MNCAB's decision, information about how to request a review of the decision will be included with the outcome notice.