



INSTRUCTIONS: COMPLETING THE COMPLAINT PACKET

Please read the following instructions prior to completing the complaint form. Your complaint will be reviewed to verify that the complaint is a potential violation of law/rules. Please type or print all information.

COMPLAINT FORM

PERSON REGISTERING COMPLAINT: Please type or print your name, address and phone numbers.

COMPLAINT REGISTERED AGAINST: Please type or print the name, address, name of business and phone numbers of the person or establishment whom you are filing the complaint against. If you are filing a complaint against more than one individual, please list the names, addresses and phone numbers on a separate sheet.

CLIENT-PATIENT INFORMATION (if applicable): If you are filing a complaint on your own behalf, write "Not applicable" on the name line. If you are filing a complaint on behalf of someone other than yourself, please type or print that person's name, address and phone numbers.

SUPPORTING DOCUMENTATION: Supporting documentation is extremely important. Please enclose any documents which support your complaint. Please retain all original documents; enclose only copies. You will be notified if original documents are needed.

DETAILS OF COMPLAINT: Below are suggestions that may help you in recalling details of your complaint.

- **Dates of client-patient relationship:** List the date the client-patient relationship began and the date that it ended.
- **Date(s) of violation(s):** List each date on which a violation (incident) occurred.
- **Details of Complaint:** Describe your complaint. Your narrative should address the reason(s) for your complaint. Please be as specific as possible by providing dates, places, times, etc. If specific information is not available, please give the next best available; i.e., "I cannot recall the exact date, but it was a Monday in January..." It is helpful if you can note how you are able to recall the date or day of the week. It is important to identify any witness(es) who may have knowledge of the event(s) that you have described. If possible, any witness should be fully identified by name, address and phone numbers. You may attach additional pages if necessary. Please number and initial all pages of your narrative in the lower right hand corner. Your complaint should include "who, what, when, where, why and how."

GENERAL RELEASE FORM

On the first blank line, please type or print your legal name as it appears on any official records. Sign your name and enter the current date.

NOTE: The General Release Form is a legal document which permits individuals and agencies to release your records to the investigator. The investigator will only request access to records which are relevant to the investigation of your complaint.

MAILING INSTRUCTIONS

Please keep a copy of your completed **COMPLAINT FORM** and **GENERAL RELEASE FORM** and any documentation that you've included.

Mail your completed packet to: North Dakota Marriage and Family Therapy Licensure Board
3910 Lewis Road NW
Mandan, North Dakota 58554-1361



COMPLAINT FORM
North Dakota Marriage and Family Therapy
Licensure Board
3910 Lewis Road NW
Mandan, North Dakota 58554-1361

COMPLAINANT INFORMATION (PERSON REPORTING)

Name:

.....

Address:

.....

Street Address City State Zip

Home Phone: _____ Work Phone: _____

LICENSEE INFORMATION (ALLEGED VIOLATOR)

Name:

.....

Address:

.....

Street Address City State Zip

Home Phone: _____ Work Phone: _____

CLIENT-PATIENT INFORMATION (IF APPLICABLE)

Name:

.....

Address:

.....

Street Address City State Zip

Home Phone: _____ Work Phone: _____

Complainant's Relationship to Client: _____

Is the client a minor? ☐ Yes ☐ No If yes, give age: _____

SUPPORTING DOCUMENTATION

Attach documentation such as canceled checks or receipts, charts, notes, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc.

DETAILS OF COMPLAINT

Dates of Client-Patient/Licensee Relationship: From: _____ To: _____

Dates of Violations:

Details of Complaint: (Please use another sheet of paper if necessary.)

Signature of Complainant _____

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