



NORTH CAROLINA BOARD
of **LICENSED CLINICAL**
MENTAL HEALTH
COUNSELORS

PHONE: 844-622-3572
FAX: 336-217-9450
WEB: nblcmhc.org
EMAIL: complaints@nblcmhc.org

COMPLAINT/INQUIRY FORM

1. Person making complaint/inquiry: _____

Address _____
City/State/Zip _____
Phone _____
Email _____

2. Person complained about/nature of inquiry: _____

Address _____
City/State/Zip _____
Phone _____

Is person a Licensed Clinical Mental Health Counselor in N.C.?

yes no

3. Give a specific and detailed description of the ethical and/or legal violation(s). Please cite the Standard(s) and/or Statutes which you feel have been violated. (Please attach additional sheets as necessary):

4. Date(s) of alleged violation(s): _____

5. Provide alleged location: _____

6. Have you discussed this situation with the person about whom you are complaining?

yes no

7. Have you taken other action? yes no, if yes, please describe:

8. List the names, addresses, phone numbers, and relationship to situation of persons who could give information or be potential witnesses:



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9. Required Releases:

For electronic complaint submissions (ONLY):

I understand that typing my first and last name on the signature lines below will be considered to be my electronic signature that has the same legal effect and can be enforced in the same way as my written signature.

- A. I hereby give the person against whom I am making the complaint, permission to give the Board, its employees, or agents all records of our interactions and to answer all questions the Board, its employees, or agents may ask regarding these interactions.
- B. I hereby give the persons listed under item #7 on this form, or on an attached sheet, permission to answer all questions the Board, its employees, or agents may ask regarding their knowledge of this matter.
- C. I hereby give the Board, its employees, or agents, permission to quote in part or entirely my complaint letter(s) and this form to the person against whom I am making the complaint, and to other persons who may be contacted for information pertinent to the complaint.

Signature: _____ Date: _____

10. I agree to appear before the Board in a formal or informal hearing as may be required: yes no (If no, attach explanation)

Signature: _____ Date: _____

11. I understand that information received may be subject to public record statutes of North Carolina. However, I request that the Board withhold from public disclosure my identity and delete any identifying information concerning the treatment or delivery of counseling services to me.

yes no I am not/have not been a client of the LCMHC

Signature: _____ Date: _____