



COMPLAINT FORM

FOR OFFICE USE ONLY
CASE NO.:
DATE RECEIVED:

Louisiana Licensed Professional Counselors Board of Examiners Marriage and Family Therapy Advisory Committee

This complaint form is used to file complaint(s) against (1) Licensed Professional Counselors (LPCs), (2) Provisional Licensed Professional Counselors (PLPCs), (3) Licensed Marriage and Family Therapists (LMFTs), (4) Provisional Licensed Marriage and Family Therapists (PLMFTs), (5) unlicensed persons who are practicing mental health counseling or marriage and family therapy, and (6) unlicensed persons advertising themselves as a LPC, LMFT, PLPC, or PLMFT. **Please note that if you choose to submit a third party complaint or an anonymous complaint, the Disciplinary Affairs Committee of the Board may be limited in the course of action it can take.**

Please complete this form to the best of your ability and provide all relevant information (including any available documentation). Please type or print all information submitted to ensure legibility.

Complainant Information:

Name: _____ Phone (Home/Work/Cell): _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Relationship to Alleged Violator: _____

Date Professional Relationship Began **and** Ended (if applicable): _____

Date When Problem First Occurred _____

Report Details:

Please be advised that more detailed information and documentation will allow for a more thorough and timely investigation.

Alleged Violator's Name: _____

Business Name (if applicable): _____

Phone (Home/Work/Cell): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please select all that apply and provide license number if applicable and/or known.

LPC License # _____

LMFT License # _____

PLPC Prov. Lic. # _____

PLMFT Prov. Lic. # _____

No License

Unknown If Licensed

Licensed with another Board: _____.*

Please clearly explain your reasoning for filing this complaint. Please include additional documentation that will support the complaint (e.g. cancelled checks, judgments, court orders, advertisements, correspondence). Please be as specific as possible.

**If the alleged violator is licensed by another professional board, please consider filing a separate complaint with the appropriate licensing board.*

If possible, please provide a list of contacts (names, phone numbers, addresses, and nature of involvement) **of all those involved, including witnesses or those who may have knowledge of the issue of concern.** Please use additional pages if necessary.

Have you previously contacted the alleged violator regarding your concerns? If yes, please include the date of contact and his/her response to your concerns. Please use additional pages if necessary.

Has your complaint been reported to any other agency, court, or other entity? If so, when? Please provide the appropriate information (which agency, court, and contact information).

I, _____, hereby agree that all of the above information has been completed to the best of my knowledge and ability. I affirm that all of the above information is accurate and true to the best of my knowledge. I acknowledge that the LPC Board seeks to protect the public while also maintaining the confidentiality of its licensees and complainants. I understand that if the LPC Board agrees to investigate my complaint, the alleged violator shall be notified of the alleged violations and allowed an opportunity to respond in writing to my complaint. I recognize that the LPC Board may issue a subpoena to myself and/or others to secure evidence of alleged violations. I understand that by submitting this complaint, should the Board decide to hold a hearing, I must be willing to testify in front of a formal hearing panel*. I understand that if the LPC Board obtains information that pertains to pending or reasonably anticipated criminal litigation, the LPC Board will provide that information to the appropriate agency. Finally, I acknowledge that any information submitted to the Board regarding Medicaid Fraud will be reported to the Medicaid Fraud Unit of the Attorney General's Office and the Louisiana Department of Insurance. If requested by the alleged violator, I understand that the LPC Board may provide a copy of my complaint to the alleged violator.

Signature

Date

Please *mark this form confidential* and send, along with any other supplemental information, to:

LPC Board of Examiners
Attention: Disciplinary Affairs Committee
8631 Summa Avenue, Baton Rouge, LA 70809

For more information on disciplinary proceedings, please visit the Louisiana Licensed Professional Counselor Board of Examiner's Website at www.lpcboard.org.

**Hearings are typically held in Baton Rouge. You may be subject to cross-examination at the hearing by attorneys.*