NORTH CAROLINA BOARD
of LICENSED CLINICAL
MENTAL HEALTH
COUNSELORS

PHONE: 844-622-3572
FAX: 336-217-9450
WEB: ncblcmhc.org
EMAIL: LCMHCinfo@ncblcmhc.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:

_____
_____
_____

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 from, 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: _____