Rev. 1-16-15



ALABAMA BOARD OF EXAMINERS IN COUNSELING COMPLAINT FORM

This is the official form for filing a complaint with the Alabama Board of Examiners in Counseling. The nature of the complaint must be clearly and thoroughly stated. The form must be signed and notarized.

Complainant (Your) Name:		
First	Middle	Last
Your Mailing Address:		
Your Telephone Number: (Work)Area Code Number	(Home):	ea Code Number
Name of Counselor:		
Is The Counselor Licensed by This Board?	☐ No	
Counselor's License Number:		
Counselor's Mailing Address:		
Name of Counselor's Place of Business:		
Complainant's (Your) Relationship to Counselor: [If "Other", please explain:		
If "Client", date counseling relationship began	1:	
Date counseling relationship terminated:		
Provide a detailed <i>explanation</i> of your reason for filir necessary. Note: the <i>explanation</i> clarifies the nature of considered <i>evidence</i> to support the complaint. Provide	of your complaint but	may not necessarily be

I have included <i>evidence</i> to support the alle <i>evidence</i> are acceptable for the investigation Yes No			
I have included the signed and notarized Au Yes No	athorization Fo	or Release of Confidential In	nformation.
If the complaint involves an underage (mine Yes No No If you are divorced from the minor's other your custodial rights.	•		
If the complaint involves an underage (mine Authorization for Release of Confidential In Yes No			otarized
	AFFIDAV	IT	
By my signature, I affirm that the statement misrepresent any information contained in t document and all attachments will be suppl	this document.	I also affirm my awarenes	s that a copy of this
I understand that if a hearing is held as a resoft Examiners in Counseling at the hearing that I may be cross-examined by an attorney Alabama and are open to the public.	to testify conce	erning the complaint allegat	ions. I understand
State Of:	County Of:		
Signature of Complainant	-	Printed Name of Complainant	
Sworn to and subscribed before me this	day of	, iı	n the year
Notary Public			
My Commission Expires:		SEAL:	
MAIL COMPLETED FORM TO:	950 22 nd Str	pard of Examiners in Cour eet North, Suite 765 n, AL 35203	nseling