



Ohio Board of Psychology

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COMPLAINT FORM

1. COMPLAINT AGAINST:

Name: _____
(Psychologist, School Psychologist, Certified Ohio Behavioral Analyst, Other)

Address: _____
(Location where services were delivered)

2. COMPLAINT FILED BY: (must be signed on page 2)

Name: _____ Maiden name/aliases/former names _____

DOB: _____ Email _____

Phone: Cell _____ Work _____ Home: _____

Address: _____

3. DESCRIPTION OF SERVICES RECEIVED:

Dates Services were performed: From: _____ To: _____ (be as specific as possible)

Type of service(s) received (circle all that apply): **Individual Therapy**/ **Family Therapy**/ **Marriage Therapy**/
~~Evaluation Forensic evaluation or other forensic services (i.e., in service to a criminal, civil, or domestic relations court, etc.)~~ **Other**

Were you the ~~treatment client or patient or evaluatee~~ **evaluated person**? **Yes** **No**

If "No", please identify the ~~client(s) or evaluated person(s) patient(s) or evaluatee(s)~~ and your relationship ~~with to~~ the ~~person(s) patient(s) or evaluatee(s)~~:

4. List any materials or documents that you have included relevant to your complaint. Examples might include: psychological reports and/or records; letters; testimony; court orders and/or entries; explanation of benefits, billing records, etc.

5. STATEMENT OF COMPLAINT

On a **separate piece of paper**, please describe the conduct or behavior related to your complaint. Include a sequence of events surrounding your complaint, and the reason for services. Please attach any information that you think will help substantiate your complaint. *FAILURE TO INCLUDE A STATEMENT OF COMPLAINT WILL DELAY THE PROCESSING OF YOUR COMPLAINT. IF YOU NEED ASSISTANCE PLEASE CALL THE BOARD'S OFFICE TOLL FREE AT 1-877-779-7446.*

6. List names, ~~addresses~~ and daytime/mobile phone numbers of any individuals witnesses who either have knowledge of the improper conduct or may have other relevant information. Briefly describe the information each individual possesses. Please use a separate sheet of paper to list additional witnessespeople. (It is ~~entirely~~ within the discretion and judgment of the Board whether any or all of witnesses listed below will be contacted.)

a) _____

b) _____

c) _____

7. Are you currently involved in any administrative, civil or criminal litigation related to the circumstances surrounding your complaint? YesES _____ NoO _____

If "Yes," please explain:

8. _____ Have you attempted to resolve your concerns complaints through any other avenues?

9-8. YESes _____ NOo _____ If "Yes," please explain:

By signing this complaint: I agree to provide a sworn statement concerning my complaint and testify under oath should this matter proceed to a formal administrative hearing; I attest that all information is true and accurate to the best of my knowledge; and I acknowledge that I have received and/or read THE PROCESS OF INVESTIGATION OF YOUR COMPLAINT BY THE STATE BOARD OF PSYCHOLOGY OF OHIO:

Signature of Individual Making Complaint

Date