

West Virginia Board of Examiners in Counseling  
815 Quarrier Street, Suite 212  
Charleston, West Virginia 25301  
(800) 520-3852

## Statement of Complaint for a Licensed Professional Counselor

### **COMPLAINANT INFORMATION:** (Please type or print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

### **COMPLAINT REGISTERED AGAINST:**

Name: \_\_\_\_\_ License Number \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Employer or Facility: \_\_\_\_\_

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State your complaint: (include the sequence of events surrounding your complaint, dates of occurrences, names of witnesses and copies of documents relevant to your complaint, including contracts, reports or photographs.) If additional space is needed, please attach a separate sheet:

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**Action Taken:**

1. Have you voiced your complaint to the employer/facility and/or followed their internal grievance process if any?  Yes  No If yes, what was the outcome?

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2. Have you sought assistance from an attorney?  Yes  No If yes, please give full name and address of attorney or firm and telephone number:

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3. Have you obtained a second opinion or other guidance from another professional?  Yes  No If yes, please give full name, address, and telephone number of that person:

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**Waiver/Release**

I, hereby authorize any investigator or other authorized representative of the State of West Virginia Board of Examiners in Counseling, to disclose my name in investigating the complaint filed with the Board and to obtain information or copies thereof from the individual and/or facility named in this complaint of files pertaining to personal history, client records, audio and video recordings. The Board representative must present this release to obtain information requested, and may at its discretion, make copies of such information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date