

West Virginia Board of Examiners in Counseling
815 Quarrier Street, Suite 212
Charleston, WV 25301
Phone: (304) 558-5494
Fax: (304) 558-5496
Cheryl.J.Henry@wv.gov

COMPLAINT FORM

The West Virginia Board of Examiners in Counseling (WVBEC), has the authority to suspend, revoke or reprimand a licensee upon determination of probable cause. However, the Board does not have the authority to seek or recover monetary compensation on behalf of the complainant. The complainant may seek restitution through the legal or insurance system if applicable.

- Submit your complaint in type written form if possible. For written submissions, please print legibly.
- Provide specific and detailed information pertaining to the allegations to include the date/dates the incident or incidents occurred.
- Provide corroboration and or documentation relevant to the allegations specified in the complaint.
- The complaint form must be notarized.

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Statement of Complaint for a Licensed Professional Counselor

COMPLAINANT INFORMATION:

(Please type or print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: (____) _____ Evening Telephone: (____) _____

Email Address: _____ Preferred Method of Contact: _____

COMPLAINT REGISTERED AGAINST:

Name: _____ License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone:(____) _____ Evening Telephone:(____) _____

Email Address: _____

Name of Employer of Facility: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone:(____) _____

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Action Taken:

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.

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?

Have you sought assistance from an attorney? Yes No

If yes, please give full name and address of attorney or firm and telephone number:

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 _____

State of _____, County of _____, Signed and sworn

before me, this _____ day of _____, in the year of _____.

Signature of Notary: _____ Printed Name: _____

My Commission expires: _____

NOTARY SEAL: