

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](mailto:Cheryl.J.Henry@wv.gov)

## COMPLAINT FORM ISTRUCTIONS

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.

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](mailto:Cheryl.J.Henry@wv.gov)

## 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:(\_\_\_\_) \_\_\_\_\_

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](mailto:Cheryl.J.Henry@wv.gov)

**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:

---

---

---

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](mailto:Cheryl.J.Henry@wv.gov)

**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 \_\_\_\_\_