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.
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:(____) _____________

Revised 12/8/2020
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:
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: