

**State of West Virginia**  
**Board of Examiners of Psychologists**  
P.O. Box 3955  
Charleston, WV 25339-3955

Phone: 304-558-3040  
Fax: 304-558-0608  
Email: [psychbd@wv.gov](mailto:psychbd@wv.gov)  
Web: [psychbd.wv.gov](http://psychbd.wv.gov)

### COMPLAINT FORM

The Board has jurisdiction over licensed psychologists, licensed school psychologists, and supervised psychologists.

**This complaint is filed against the following individual(s):**

<b>Name of Licensee or Supervisee:</b>	<b>License #:</b>	
<b>Business Name:</b> _____		
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip</b> _____
<b>Phone Number:</b> _____		

<b>Name of Licensee or Supervisee:</b>	<b>License #:</b>	
<b>Business Name:</b> _____		
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip</b> _____
<b>Phone Number:</b> _____		

### Your Contact Information

<b>Your Name:</b>		
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip</b> _____
<b>Phone Number:</b> _____		



**STATE OF WEST VIRGINIA - BOARD OF EXAMINERS OF PSYCHOLOGISTS  
COMPLAINT FORM**

3. Others who may have knowledge regarding this matter? If so, please give their names and contact information.


4. What action(s), if any, are you seeking from the Board regarding this matter?


5. The Board requires that all complaints filed must signed and dated by the person filing the complaint.

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Signature

Date

Mail this form to the address on page 1.

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**RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_ (Your Name) give permission  
to \_\_\_\_\_, (psychologist's name), to release  
all treatment records for myself or my child to the West Virginia Board of Examiners of  
Psychologists.

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Signature

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Date

Mail this form to the address on page 1.