# 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
Web: psychbd.wv.gov

#### **COMPLAINT FORM**

The Board has jurisdiction over licensed psychologists, licensed school psychologists, and supervised psychologists. Complaints should be based on Title 17, Series 6 – Code of Conduct, which may be found at <a href="mailto:psychologists">psychologists</a>. Click on "Law", then Title 17, Series 6.

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

Name of Licensee or Supervisee:	License #:		
Business Name:			
Address:			
City: State	e: Zip		
Phone Number:			
If more that one individual list the second person here.			
Name of Licensee or			
Supervisee:	License #:		
Business Name:			
Address:			
City: State	e: Zip		
Phone Number:			
Your Contact Information			
Your Name:			
Address:			
City: State	e: Zip		
Phone Number:			

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

<ol> <li>Please state your relationship with the person(s) against whom this inquiry is being file (e.g. supervisor, coworker, or patient.)</li> </ol>		
2. In your own words, please describe who, what, when, where, why and how these actions which prompted you to file this inquiry. You may attach additional pages, if necessary.		

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3.	Others who may have knowledge regarding this matter and contact information.	er? If so, please give their names
4.	What action(s), if any, are you seeking from the Board	I regarding this matter?
5.	The Board requires that all complaints filed must signe the complaint.	ed and dated by the person filing
	Signature	Date

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

#### **RELEASE OF INFORMATION FORM**

l,	(Your Name) give permission
to	(psychologist's name), to release
all treatment records for myself or my child to the West Vi	rginia Board of Examiners of
Psychologists.	
Signature	Date

Mail this form to the address on page 1.