

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 psychbd@wv.gov. 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: _____	Zip _____
Phone Number: _____		

If more than one individual list the second person here.

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

Your Contact Information

Your Name:		
Address: _____		
City: _____	State: _____	Zip _____
Phone Number: _____		

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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.

Signature

Date

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

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.

Signature

Date

Mail this form to the address on page 1.