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

Phone: 304-558-3040
Fax: 304-957-0361
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 that 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: _____

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

1. Please state your relationship with the person(s) against whom this inquiry is being filed (e.g. supervisor, coworker, or patient.)

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.

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

Mail this form to the address on page 1.

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