Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830
www.bbs.ca.gov

CONSUMER COMPLAINT FORM

Please provide all the required information.

PERSON FILING COMPLAINT			
NAME			HOME PHONE ( )
ADDRESS: NUMBER AND STREET			BUSINESS PHONE ( )
CITY	STATE	COUNTY	ZIP CODE

COMPLAINT FILED AGAINST			
NAME (INCLUDE LICENSE NUMBER, IF KNOWN)			BUSINESS PHONE ( )
GROUP/HOSPITAL/CLINIC			
ADDRESS: NUMBER AND STREET			
CITY	STATE	COUNTY	ZIP CODE

1. Does this complaint concern a child custody issue? ☐ Yes ☐ No - Go directly to Question 2

   A. Was the person named in the complaint appointed by the court to prepare a custody recommendation for the court? ☐ Yes ☐ No

   B. Do you have joint **legal** custody of the child/children involved in this case?
   ☐ Yes - Include copy of the custody order with your complaint. ☐ No

2. Have you contacted your local Law Enforcement Agency (e.g., police department, sheriff, military police, etc.) or the District Attorney's Office? If so, what was the name and telephone of the person to whom you spoke and what was the response?

3. Are you willing to be contacted by a representative of the BBS, including the Division of Investigation staff? ☐ Yes ☐ No

4. Have you or do you intend to file a civil lawsuit? Is there any pending litigation? If so, please provide details, including the case number and the court in which it was filed.

5. On a separate sheet of paper, please summarize the details of your complaint as clearly and as completely as possible. Include your relationship to the licensee (e.g., client), the initial reason for seeking psychotherapeutic services (i.e., was it court ordered, was the therapist court appointed, was the therapist a mediator, was it an Employee Assistance Program referral), the location and dates of therapy, the name, address and telephone number of any witness, and copies of any documentation (i.e., appointment notices, appointment calendar, personal notes, cards, letters, billing statements, insurance statements) that may assist the Board in determining what action may be indicated. Do not send original documentation - **copies only**.

I CERTIFY THAT ALL INFORMATION WHICH I HAVE GIVEN HEREIN TO BE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE	DATE SIGNED

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RELEASE OF INFORMATION FOR COMPLAINTS

I, _____, hereby authorize
(Complainant/Client - include date of birth*)

_____
(Person or entity and telephone number from which information may be obtained)

to disclose all records and information and answer any questions pertaining to the diagnosis and course of my treatment to the Board of Behavioral Sciences ("Board") and its representatives, including, but not limit to, investigators and legal staff, upon their request. I further agree to allow the Board and its representatives to process and possibly file an administrative action based upon my complaint against:

_____
(Person being complained about - include license/registration number, if known)

I understand that this information will be maintained in confidence and will be used solely in conjunction with any investigation and possible legal proceeding regarding any violations of California statutes and regulations.

I further agree that the Board and its representatives may release any and all of my records and treatment information to the Board of Psychology and/or any other governmental agency which requests such information as part of an investigation into other possible violations of California statutes and regulations.

This authorization shall be valid until completion of an investigation and prosecution, including any investigation and proceeding by another governmental agency that has requested your records and information.

_____ _____
Client Signature Date

_____
Client Printed Name

OR

_____ _____
Client's Representative Signature Date

_____
Client's Representative Printed Name/Relationship

* Date of birth is needed to positively establish the identity of the complainant/client