



FORMAL COMPLAINT FORM

1. Person making complaint _____
Address _____
City/State/Zip _____
Phone _____
Email _____

2. Pastoral counselor complained about _____
Address _____
City/State/Zip _____
Phone _____

Is person a Certified Fee-Based Practicing Pastoral Counselor in N.C.? Yes No

3. Give a specific and detailed description of the ethical and/or legal violation(s). Please cite the Standard(s) and/or Statutes which you feel have been violated. (Please attach additional sheets as necessary):

4. Date(s) of alleged violation(s): _____
5. Provide alleged location: _____
6. Have you discussed this situation with the person about whom you are filing the complaint? Yes No
7. Have you taken other action? Yes No If yes, please describe:

8. List the names, addresses, phone numbers, and relationship to this situation of persons who could give information or be potential witnesses:

9. Required releases:

For electronic complaint submissions (ONLY):

I understand that by typing my first and last name on the signature lines below will be considered to be my electronic signature that has the same legal effect and can be enforced in the same way as my written signature.

- A. I hereby give the person against whom I am making the complaint, permission to give the Board, its employee, or agents all records of our interactions and to answer all questions the Board, its employee, or agents may ask regarding these interactions.
- B. I hereby give the persons listed above under item #7 on this form, or on an attached sheet, permission to answer all questions the Board, its employee, or agents may ask regarding their knowledge of this matter.
- C. I hereby give the Board, its employee, or agents, permission to quote in part or entirely my complaint letter(s) and this form to the person against whom I am making the complaint, and to other persons who may be contacted for information pertinent to the complaint.

Signature: _____ Date: _____

10. I agree to appear before the Board in a formal or informal hearing as may be required:

Yes No (if no, please attach an explanation)

Signature: _____ Date: _____

11. I understand that information received may be subject to public record statutes of North Carolina. However, I request that the board withhold from public disclosure my identity and delete any identifying information concerning the treatment or delivery of counseling services to me.

Yes No I am not/have not been a client of the NCFBPPC

Signature: _____ Date: _____