

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Bldg E-141 ♦ Reno, NV 89505 ♦ (775)688-1268 ♦ (775)688-1272 Fax
nbop@govmail.state.nv.us

PSYCHOLOGIST COMPLAINT PROCESS

Statement of Purpose.

The following information instructs consumers of the procedure for filing a complaint against a psychologist, the Board's process of review and investigation of the complaints, and other general information about the various types of disciplinary actions and disposition of complaints.

Who should file a complaint?

Anyone who believes a [licensed] psychologist has or is engaged in illegal or unethical activities. The most effective complaints are those containing firsthand information which can be verified and documented.

How is a complaint filed?

To initiate a review, a complaint must be printed or typed on the attached form. Complaints should provide a statement explaining the nature of the complaint in as much detail as possible along with any documentary evidence. If applicable to your complaint, you may want to complete the attached Release of Psychological Records form and return it with the Consumer Complaint Form.

How are complaints processed?

The Board will respond to each complaint. Where allegations, if substantiated, would warrant disciplinary action, a formal investigation will begin. Other cases may be handled through referral to a more appropriate agency or organization.

When a complaint is formally investigated, both the complainant and the subject of the complaint may be interviewed. Details of the investigation remain confidential and are not part of the public record. However, once the Board decides to proceed with a complaint and take formal action on the matter, the complaint, investigation and details may become public information. Once allegations are confirmed, the matter will be referred to the Nevada Deputy Attorney General for possible prosecution. (For a complete review of the complaint process, see: NRS 641.230 through NRS 641.330.)

Should unlicensed practice or unprofessional conduct be reported?

If there is evidence that an unlicensed person is participating in activities requiring a license, the Board should be notified. Likewise, therapists who learn of such allegations against a colleague must take appropriate action including contact with the local police as practicing psychology without a license is a criminal violation (gross misdemeanor).

Additional Information.

Should you wish additional information on the complaint process, please contact the Board at the address or phone number indicated above.

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CONSUMER COMPLAINT FORM

Return this form and any supportive documents to the above address.

PLEASE PRINT OR TYPE

PERSON REGISTERING COMPLAINT				
Name			Home Phone	()
Address (Number & Street)	City	Business Phone		
		()		
County	State	ZIP		
COMPLAINT REGISTERED AGAINST				
Name			Business Phone	()
Group/Hospital/Clinic				
Address (Number & Street)	City	County	State	ZIP

Please list all other organizations or agencies you have contacted relative to this complaint.

1. _____

2. _____

3. _____

Please summarize the details of your complaint as clearly and as completely as possible. You may use the reverse of this form and/or additional sheets of paper.

I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

I hereby authorize the Board of Psychological Examiners, Board counsel or Board staff to release information from this complaint to the psychologist who is the subject of my complaint. I understand that the Board will make every effort to remove material that I specifically request to have left out, but if that information is critical to the psychologist's understanding of my complaint against him, it will be released.

Signature _____

Date _____

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Release of Psychological Records

I _____, Patient or as Legal

Representative/Guardian for _____, hereby authorize any of the following: Physician, Psychologist, Health Professional, Hospital, Clinic or other medical related facility licensed or certified by the State of Nevada or any other state, to release information from my psychological records to the State of Nevada Board of Psychological Examiners at the above address.

I also hereby release all of the above named health providers from all liability and all claims of any nature whatsoever pertaining to disclosure of information contained in my psychological records as may be required for the investigation of my Consumer Complaint to the State of Nevada Board of Psychological Examiners. It is understood that this release will be used in the following ways:

1. The information requested/received will be used only for the investigation of my complaint filed with, and in accordance with the authorized responsibilities of the State of Nevada Board of Psychological Examiners;
2. All psychological information may be released, including psychological history, mental or physical condition(s), diagnosis, prognosis, treatment, laboratory reports, testing results, and the professional(s)'s notes.
3. This release shall be valid for one year from date of signing.
4. A copy of this release is as valid as the original.

Date

Signature of Patient

Date

Signature of Parent or Guardian (if required)

Date

Signature of Witness
