

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS

4600 Kietzke Lane, Bldg B-116 ♦ Reno, NV 89502 ♦ (775) 688-1268

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 _____