

**STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS**

**3080 South Durango Drive, Suite 102 | Las Vegas, Nevada 89117
nbop@govmail.state.nv.us**

PSYCHOLOGIST COMPLAINT PROCESS

Statement of Purpose

The following information provides instructions on the procedure for:

- filing a complaint against a licensed Psychologist, an individual registered with the Board, an applicant for licensure or registration, or an individual believed to be practicing psychology without a license; and
- the Board's process of reviewing and investigating complaints, and other general information about the various types of disciplinary actions and disposition of complaints.

How do I file a complaint?

To initiate a review, a complainant must complete and submit to the Board office the attached complaint form and the Release of Psychological Records form (if applicable). Complaints should provide a statement explaining the nature of the complaint in as much detail as possible and include with it any supporting documents and information.

How are complaints processed?

Each complaint the Board office receives is reviewed to determine whether the Board is the appropriate agency for it. If so, the complaint is forwarded to a Board Investigator for further consideration. Where allegations, if substantiated, would warrant disciplinary action, a formal investigation will be undertaken. Complaints for which another agency would be more appropriate may be referred accordingly.

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, if the Board decides to proceed with a complaint and take formal action on the matter, the matter will be referred to the Nevada Deputy Attorney General for possible prosecution the complaint, and the investigation and details may become public information. (For a complete review of the complaint process, see: NRS 641.230 through NRS 641.320.)

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 by submitting the complaint forms. Likewise, therapists who learn of such allegations against a colleague must take appropriate action, including contact with the local police. Practicing psychology without a license, or calling oneself a psychologist, is a criminal violation (gross misdemeanor).

Additional Information.

Should you need additional information on the complaint process, please contact the Board office.

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COMPLAINT FORM

Complete and mail or email this form and any supporting documents and information to Board office at the address(es) above

PLEASE PRINT OR TYPE

PERSON REGISTERING COMPLAINT			
Name		Home Phone	()
Address (Number & Street)		Business Phone	()
County	City	State	ZIP
Email Address			
COMPLAINT REGISTERED AGAINST			
Name		Business Phone	()
Group/Hospital/Clinic			
Address (Number & Street)			
County	City	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 space below and/or attach additional pages.

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, 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 Complaint to the State of Nevada Board of Psychological Examiners. I understand 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
