

### MISSISSIPPI BOARD OF EXAMINERS FOR LICENSED PROFESSIONAL COUNSELORS COMPLAINT FORM

This is the official form for filing a complaint with the Mississippi State Board of Examiners for Licensed Professional Counselors. The nature of the complaint should be clearly and thoroughly stated. The form must be signed by the complainant. It must also be notarized. The completed form should be sent to the following address:

**Mississippi State Board of Examiners for Licensed Professional Counselors  
239 North Lamar Street, Suite 402  
Jackson, MS 39201**

Complainant (Your) Name: \_\_\_\_\_

Your Street Address: \_\_\_\_\_

Your Mailing Address: (if different) \_\_\_\_\_

Your Telephone Number: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Name of person against whom you are filing a complaint: \_\_\_\_\_

Address of person against whom you are filing a complaint: \_\_\_\_\_

Telephone number of person Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_

Nature of Complaint: (attach additional supporting information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses: Provide the names, addresses and phone numbers of your witnesses, if any. Attach additional names if needed.

A. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

B. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Signature of Complainant \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_

State of \_\_\_\_\_

SEAL

My Commission expires: \_\_\_\_\_

### CONSENT TO TESTIFY FORM

I, \_\_\_\_\_ hereby consent to appear before the Mississippi State Board of Examiners for Licensed Professional Counselors and any court of law to testify to the complainant allegations and I understand that the information becomes public record once filed with the Board if a hearing is held and disciplinary action takes place.

\_\_\_\_\_  
Complainant Signature Date

Complainant identifying data: \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Maiden Name Sex Date of Birth Social Security Number

\_\_\_\_\_  
Post Office Box Street Address Apartment Number

\_\_\_\_\_  
City State Zip Code County

**AUTHORITY TO RELEASE/OBTAIN INFORMATION**

I, \_\_\_\_\_ hereby authorize the Mississippi State Board of Examiners for Licensed Professional Counselors to take the following actions:

1. Talk to anyone who can provide information pertaining to my complaint;
2. Access and review any and all information regarding me and my treatment.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature - if necessary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Complainant identifying data: \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Maiden Name Sex Date of Birth Social Security Number

\_\_\_\_\_  
Post Office Box Street Address Apartment Number

\_\_\_\_\_  
City State Zip Code County