Complaint Form Submission Instructions
(Please see page 2 for fillable form)

Please send this form, additional pages, and documents pertinent to your complaint to:

Via Mail:
North Dakota State Board of Psychologist Examiners
PO Box 1338
Bismarck, ND 58502-1338

Via Fax:
701-224-9824

Or Via E-Mail:
BoardOffice@ndsbpe.org

For additional information about the complaint process, please visit
the Consumer Information page on our website:

http://ndsbpe.org/consumer-information.html
Complaint Form

Person Filing Complaint:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone#:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

Complaint Filed Against:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone#:</th>
<th>Agency/Clinic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

Nature of the Complaint:
Please describe each event of concern. Include specific date(s), location(s), and full name(s) of all persons involved, including any witness(es).

If additional space is required, attach extra page(s) to this form. Attach copies of any documents pertinent to your complaint.

I hereby certify that the above-stated charges are true and correct to the best of my knowledge. I further certify that the North Dakota Board of Psychologist Examiners is hereby authorized to copy and release this complaint as may be required by law or for the proper resolution of this matter.

Signature: ____________________________________  Date: __________________

NDCC Chapter 44-04-18, Access to Public Records
1. Except as otherwise specifically provided by law, all records of public or governmental bodies, boards, bureaus, commissions or agencies of the state or any political subdivision of the state, or organizations or agencies supported in whole or in part by public funds, are public records, open and accessible for inspection during reasonable office hours.