

**STATE OF OREGON
BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS
CONFIDENTIAL COMPLAINT FORM**

Submit to: OBLPCT
3218 Pringle Rd SE, #250
Salem, OR 97302-6312

I want to file a complaint against the following licensed counselor or therapist:

Name of Counselor or Therapist Title

Name of Counselor/Therapist Business Telephone

Address City State Zip Code

Type of Complaint: (Please mark those applicable)

- Unlicensed individual indicating that he/she is licensed as a professional counselor or therapist.
- Violation of law or rules regulating licensed counselors/therapists, relating to:
 - Ethical Standards
 - Distribution of Professional Disclosure Statement
 - Attempting to/obtaining licensure by bribery or fraudulent misrepresentation
 - Inability to perform counseling or therapy by reason of mental illness, physical illness, drug addiction or alcohol abuse
 - Being grossly negligent in the practice
 - Practicing outside the scope of activities for which a licensee has been trained
- Incompetence

Explain your complaint. Attach supporting documentation including names, addresses, telephone numbers or witnesses.

Home: _____
Work: _____

Your Name Telephone

Address City State Zip Code

Signature Date

**STATE OF OREGON
BOARD OF LICENSED PROFESSIONAL COUNSELORS & THERAPISTS
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

Name of Client _____ DOB _____
SSN# _____
(Optional, for identification by agency only)

I hereby authorize _____
(Name of Counselor/Therapist/Physician, or Mental Health Agency)

(Address) _____

to release information specified below from the case records of person listed above to the OREGON BOARD OF LICENSED PROFESSIONAL COUNSELORS AND THERAPISTS or its authorized representative.

Dates of Records to be Released: _____

Content of Material or Information to be Disclosed: _____

or check boxes that apply:

- Social, medical, mental health or psychological reports
 - Medication(s) used in treatment
 - Treatment goals and results
 - *Information about drug and/or alcohol abuse
- *If information is being disclosed from records whose confidentiality is being protected by federal regulation (42 CFR, part 2), information will be so noted which prohibits Board from making further disclosure of it without specific written consent of client or as otherwise permitted by such regulation.

Purpose of disclosure: At the request of the Oregon Board of Licensed Professional Counselors & Therapists in an investigation into the professional conduct and/or competence of the following counselor/therapist:

Date: _____ Signature: _____
Client or Guardian

Return this form to: _____
Printed Name

Oregon Board of Licensed Prof. Counselors & Therapists
3218 Pringle Rd SE #250
Salem, OR 97302-6312 (503) 378-5499
Address

Telephone No. _____