

STATE OF ARIZONA BOARD OF BEHAVIORAL HEALTH EXAMINERS 1740 WEST ADAMS STREET, SUITE 3600 PHOENIX, AZ 85007 PHONE: 602.542.1882 FAX: 602.364.0890 Board Website: www.azbbhe.us Email Address: information@azbbhe.us

> TOBI ZAVALA Executive Director

# COMPLAINT FORM: (REV. 12-14-15)

The Board shall not open or investigate complaints that do not require action pursuant to A.R.S. § 32-3281(V-W), or fall into the categories below:

### A. <u>Supervisee/Supervisor Complaints</u>

Complaints by a supervisee against a supervisor related to the supervisor's completion or non-completion of supervised work experience or clinical supervision verification forms for the supervisee's licensure at the independent level.

### B. <u>Allegations Don't Support Finding of Unprofessional Conduct</u>

Complaints limited to allegations that, even if true, would not support a finding that the licensee engaged in any type of unprofessional conduct as set forth in A.R.S. § 32-3251(16).

### C. Failure to Provide Client Records

Complaints related to a licensee's failure to provide a client's records to the client where the licensee provides the requested records to the client within 30 days of a client's original written request for records.

### D. Licensed by Another Board but not by AzBBHE

Complaints against a person licensed by another licensing board and the person is not licensed with the Board. These complaints shall be forwarded to the appropriate licensing board.

### E. <u>Non-jurisdictional</u>

Complaints against individuals not required to be licensed by A.R.S. Title 32, Ch. 33, unless the complaint alleges that the individual engaged in the unlicensed practice of behavioral health or unlawfully used a designation indicating he/she is licensed by the Board.



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DOUGLAS A. DUCEY Governor

TOBI ZAVALA **Executive Director** 

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PLEASE PRINT LEGIBLY OR TYPE. Use additional pages if necessary, and please sign each page. Date: \_\_\_\_\_ 1. PROFESSIONAL: NAME: \_\_\_\_\_ ADDRESS:

City:	State:	Zip:	
2		I	

Telephone Number:

2.	COMPLAINANT:	

2.	COMPLAINANT:		
	NAME:		
	ADDRESS:		
	City:	_State:	_Zip:
	Telephone Number:		
3.	THIRD PARTY, ON BEHALF OF :		
	NAME:		
	ADDRESS:		
	City:	_State:	_Zip:
	Telephone Number: A/C:		
4.	Have you discussed this complaint with the person again	inst whom it	has been filed?
	Yes (if yes, date:) No		

Signature of Person Filing Complaint - Please Sign Each Page

5. DESCRIBE THE COMPLAINT: Use the space below to describe the complaint in your own words. Please give <u>Dates</u>, or approximate dates, and <u>Times</u> of day, and be as <u>Specific</u> and <u>Detailed</u> as possible. Describe <u>What</u> happened, <u>Where</u> it happened, <u>When</u> it happened, <u>How</u> it happened and <u>Who</u> perpetrated the action. Please include the names of any other person who might be able to corroborate the information submitted, or who might have additional information regarding the complaint. Please use additional pages as necessary, and sign each additional page. Please provide supporting documentation when possible.

Signature of Person Filing Complaint - Please Sign Each Page