



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

DOUGLAS A. DUCEY
Governor

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. Supervisee/Supervisor Complaints

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. Allegations Don't Support Finding of Unprofessional Conduct

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. Non-jurisdictional

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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PLEASE PRINT LEGIBLY OR TYPE. Use additional pages if necessary, and please sign each page.

Date: _____

1. PROFESSIONAL:

NAME: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

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 against whom it has been filed?

Yes (if yes, date: _____) No _____

Signature of Person Filing Complaint - Please Sign Each Page

