

Have you discussed this problem with the individual? Yes No Date_____

Their response? (Attach additional pages if necessary)

If you were in a program, as part of this process, did you follow the program's grievance procedure?

Yes No

Their response? (Attach additional pages if necessary)

Have you reported this incident to any other agency? Yes No Date_____

Agency:_____ Contact:_____ Phone_____

Complaint From:

Name	
Address	
City, State, Zip	
Daytime Phone	
Other Means of Contact	

What would you like to see happen as a result of this complaint?

I have read all questions, answers, and statements contained in this Complaint form and know the contents thereof. I hereby certify under penalty of perjury the information provided on this document is true and correct to the best of my knowledge.

I give consent to the Board of Examiners for Alcohol and Drug Abuse Counselors to send a copy of this form to the individual against whom this complaint is filed, and I give consent to the release of my confidential records and other information, including that which is protected under federal regulations, 42 CFR Part2.

_____ Date

_____ Signature



Steven Grierson , President
Denise Quirk, Vice President
Belinda Thompson, Secretary/Treasurer
Dr. Rena Nora, Member'
Dorothy North, Member
Kevin Quint, Member
Richard Vincent, Member

	<p>Subscribed and sworn to before me this _____</p> <p>day of _____</p> <p style="text-align: center;">Month/Year</p> <p>Notary Public for the State of _____</p> <p>My Commission Expires _____</p> <p>_____</p> <p>Signature of Notary Public</p>
--	---

Please return this form to Wendy Lay, Executive Director
Board of Examiners for Alcohol, Drug and Gambling Counselors
625 Fairview Drive, Ste. 124
Carson City, NV 89701