

MINNESOTA BOARD OF PSYCHOLOGY

2829 University Avenue Southeast

Suite # 320

Minneapolis, MN 55414-3237

612-617-2238; FAX 612-617-2240



Minnesota Relay Service:

1-800-627-3529

COMPLAINT FORM INSTRUCTIONS

Minnesota Statute Section 214.10 requires that a complaint to a Board be submitted in writing. Please complete the attached complaint form as follows:

Section 1: Complete this section with your full name, current mailing address and home and/or work telephone number.

Section 2: Provide the name of the Licensed Psychologist, Psychological Practitioner, or applicant of the Board of Psychology against whom you are filing the complaint. Also, provide that person's address and telephone number if you have this information. Please note that the Minnesota Board of Psychology has jurisdiction only over individuals who are of the status listed above.

Section 3: Please state in sufficient detail *all* the facts which relate to the complaint you are submitting to the Board. ***The Board may not contact you for additional information.*** Include any relevant names, dates, times, places, and documents or records that are in your possession or list those which you know exist and where they may be obtained. If you submit original records or documents, please indicate that they are originals, so that they may then be copied and returned to you.

The use of this form is not required. However, if you chose to write your complaint in a different format, be sure to provide the information requested in Sections 1, 2, and 3 above.

Note, the complaint form indicates that your signature should be notarized. Minnesota law requires that a notarized complaint be on file with the Board before a hearing is scheduled. After you sign the complaint form in the presence of a notary, date the form, and mail it to the Board.

Enclosed is a copy of the MN Board of Psychology Rules of Conduct to aid you in describing the incident(s) that led you to file a complaint. Please note that state law does not give the Board of Psychology jurisdiction over fees charged for psychological services.

The Board will notify you in writing when your complaint is received. You will also be notified in writing of the disposition of the complaint when the case is concluded.

COMPLAINT REGISTRATION

MINNESOTA BOARD OF PSYCHOLOGY
2829 UNIVERSITY AVENUE SE, SUITE 320
MINNEAPOLIS, MINNESOTA 55414-3237
612-617-2230
FAX: 612-617-2240

NOTICE OF RIGHTS UNDER THE MINNESOTA DATA PRACTICE ACT

I understand that I am not legally required to complete or return this form. It is offered so that the Board may properly and thoroughly evaluate and investigate this complaint and, if necessary, submit this information in any legal proceeding. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board to disclose this information to those whom they reasonably believe have a need to know.

SECTION 1: YOUR NAME, ADDRESS & TELEPHONE NUMBER				
NAME:				
STREET ADDRESS:				
CITY:	STATE:	ZIP:	HOME PHONE:	WORK PHONE:

SECTION 2: NAME OF HEALTH CARE PROFESSIONAL YOU ARE COMPLAINING ABOUT			
NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE:

