



NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

Post Office Box 37669, Raleigh, NC 27627

Phone: (919) 469-8081 Fax: (919) 336-5156

Email: ncmftlb@nc.rr.com Web: www.ncmft.org

COMPLAINT FORM

Assigned Complaint # _____ (MFT Licensure Board Use Only)

	Complainant (person making complaint)	Therapist Name (person complained about)
Name		
Address		
City State Zip		
Phone		
Email		
Website of therapist		

Is this person licensed as a Marriage and Family Therapist in North Carolina?

- Yes No Unknown

MFT License Number if known _____

Date(s) of alleged violation(s) _____

Have you discussed this situation with the therapist?

- Yes No

I am or have been a client of the person about whom I am making a complaint.

- Yes No

Have you taken any other action? If yes, describe.

- Yes No

Assigned Complaint # _____ (MFT Licensure Board Use Only)

List names, addresses, phone numbers and relationship to situation of persons who could give information or may be potential witnesses.

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone
Email	Email
Relationship to Matter	Relationship to Matter

Give a detailed description of the ethical and/or legal violation(s). The Code of Ethics (available at www.ncmft.org) may also be cited. (Attach additional pages if needed)

Required Releases:

- 1) I hereby give the person against whom I am making the complaint permission to give the Board or its agents all records of our interactions and to answer all questions the Board or its agents may ask concerning these interactions. Yes No

- 2) I hereby give the persons listed as potential witnesses permission to give the Board or its agents any information or knowledge they may have of this situation. Yes No

- 3) I hereby give the Board or its agents permission to release in part or in its entirety my complaint form to the person against whom I am making the complaint, and to other persons who may be contacted for information pertinent to the complaint. Yes No

- 4) I agree to appear before the Board in a hearing if necessary. Yes No

- 5) I understand that information may be subject to the public record statutes of North Carolina. However, I request that the Board withhold from public disclosure my identity and delete any identifying information concerning the treatment or delivery of MFT services to me. Yes No Not Applicable (*not a client or patient*)

Signature

Date

Return Form via mail, fax or email to: NC MFT Licensure Board
 PO Box 37669, Raleigh, NC 27627 ■ Email: nemftlb@nc.rr.com ■ Fax: 919-336-5156

Board Office Use Only

Date Received	
Date Acknowledgement sent to Complainant	
Date Therapist Notified	
Date sent to Ethics Chair & Attorney	
Date investigation initiated	
Investigator Assigned	
Investigation Completed	
Date reviewed by Board	
Date of Board Decision	
Board Decision	<input type="checkbox"/> Unfounded <input type="checkbox"/> Caution Letter <input type="checkbox"/> Consent Order <input type="checkbox"/> Revocation
Date decision sent to Attorney	
Date attorney action due	
Date attorney action received	
Date of Notification Letter to therapist	
Date of Notification Letter to complainant	