



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## CONSUMER COMPLAINT FORM

Please provide all of the required information below and on the next page. In addition, complete the attached Release of Information form. To file your complaint online instead, visit [www.breeze.ca.gov](http://www.breeze.ca.gov).

### PERSON FILING COMPLAINT

<b>PERSON FILING COMPLAINT</b>			
Last	First		Middle
Address: Number and Street			
City	State	County	Zip Code
Phone		Alternate Phone	
Email Address:			

### COMPLAINT FILED AGAINST

<b>COMPLAINT FILED AGAINST</b>			
Last	First		Middle
License Number (if known)			Business Phone
Group, Hospital or Clinic (if applicable)			
Address: Number and Street			
City	State	County	Zip Code

1. Does this complaint concern a child custody issue?  Yes  No (If **NO**, Skip to Question 2)

A. Was the person named in the complaint appointed by the court to prepare a custody recommendation for the court?  Yes  No

B. Do you have joint **legal** custody of the child or children involved in this case?  Yes  No  
If **YES**, Include copy of the custody order with your complaint.

2. Have you contacted your local Law Enforcement Agency (e.g., police department, sheriff, military police, etc.) or the District Attorney's Office?  Yes  No

If **YES**, what is the name and telephone number of the person to whom you spoke and what was the response?

3. Are you willing to be contacted by a representative of the Board of Behavioral Sciences, including the Division of Investigation staff?  Yes  No

4. Have you or do you intend to file a civil lawsuit? Is there any pending litigation?  Yes  No

If **YES**, provide details, including the case number and the court in which it was filed:

5. On a separate sheet of paper, summarize the details of your complaint as clearly and as completely as possible. Include all of the following:

- a. Your relationship to the licensee (e.g., client);
- b. The initial reason for seeking psychotherapeutic services (i.e., was it court ordered, was the therapist court appointed, was the therapist a mediator, was it an Employee Assistance Program referral);
- c. The location and dates of therapy;
- d. The name, address and telephone number of any witness; and
- e. **Copies** of any documentation (i.e., appointment notices, appointment calendar, personal notes, cards, letters, billing statements, insurance statements) that may assist the Board in determining what action may be indicated. Do not send original documentation - **copies only**.

**I hereby certify that all information which I have provided on this form and any attachments to be true, correct, and complete to the best of my knowledge.**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## RELEASE OF INFORMATION FOR COMPLAINTS

I, \_\_\_\_\_, hereby authorize  
 (Complainant/Client – include date of birth\*)

\_\_\_\_\_  
 (Person or entity **and** telephone number from which information may be obtained)

to disclose all records and information and answer any questions pertaining to the diagnosis and course of my treatment to the Board of Behavioral Sciences ("Board") and its representatives, including but not limited to, investigators and legal staff, upon their request. I further agree to allow the Board and its representatives to process and possibly file an administrative action based upon my complaint against:

\_\_\_\_\_  
 (Person being complained about - include license/registration number, if known)

I understand that this information will be maintained in confidence and will be used solely in conjunction with any investigation and possible legal proceeding regarding any violations of California law. I further agree that the Board and its representatives may release any and all of my records and treatment information to the Board of Psychology and/or any other governmental agency which requests such information as part of an investigation into other possible violations of California law.

I understand that this authorization shall be valid until completion of an investigation and prosecution, including any investigation and proceeding by another governmental agency that has requested my records and information.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Client Printed Name

**OR**

\_\_\_\_\_  
 Client's Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Client's Representative Printed Name and Relationship

\* *Date of birth is needed to positively establish the identity of the complainant/client*

## **NOTICE ON COLLECTION OF PERSONAL INFORMATION**

### **Collection and Use of Personal Information**

The Department of Consumer Affairs (DCA) and the Board of Behavioral Sciences (Board) collects the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act (Civil Code section 1798 and following). The Board uses this information to follow up on your complaint in accordance with DCA's Privacy Policy.

### **Providing Personal Information is Voluntary**

You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, the Board may not be able to contact you or help you resolve your complaint.

### **Access to Your Information**

You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

### **Possible Disclosure of Personal Information**

The Board makes every effort to protect the personal information you provide. However, in order to follow up on your complaint, the Board needs to share the information you provided with the licensee you complained about or with other government agencies.

This may include sharing any personal information you provided.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

### **Contact Information**

For questions about this notice or access to your records, contact the Board at (916) 574-7830, or by email at [BBS.info@dca.ca.gov](mailto:BBS.info@dca.ca.gov), or by mail at 1625 North Market Blvd., Suite S-200, Sacramento, CA 95834. For questions about the DCA's privacy policy, contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, by phone at (800) 952-5210, or by email [dca@dca.ca.gov](mailto:dca@dca.ca.gov).