



Confidential Report

Revised 02/2017



This form may be used to file a complaint with the Oregon Board of Psychology and the Oregon Board of Licensed Professional Counselors and Therapists regarding services provided by the following mental health providers: Psychologists, Psychologist Associates, Licensed Professional Counselors, Licensed Marriage and Family Therapists. You may also file a complaint against an individual indicating that he/she is licensed or is providing services as defined in ORS 675.825 (Counselor/Therapist) and 675.020 (Psychology) when he/she is not licensed.

Please complete the following information. Please attach any photocopies of documents, including psychological records, counseling records and medical records if available, that are pertinent to your complaint. State in detail all facts which you believe justify your complaint. Use additional paper as necessary.

1) Name of Complainant (Your Name):

First: _____ Middle: _____ Last: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of birth: _____ Relationship to client: _____
Home Phone: _____ Cell Phone: _____ Fax: _____
E-mail Address: _____

2) Name of Client (if not complainant above):

First: _____ Middle: _____ Last: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of birth: _____ Phone: _____

3) Complaint Against:

Unlicensed Practitioner	Psychologist/ Associate	Licensed Counselor	Licensed Therapist	Self/Mandatory Report
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Provider Name- First: _____ Middle: _____ Last: _____
Address: _____
City: _____ State: _____ Zip: _____
License Number (if known): _____ Phone: _____

Oregon Board of Psychology 3218 Pringle Road SE, Suite 130 | Salem, Oregon
97302 | FAX: 503-374-1904 | www.Oregon.Gov/obpe

Oregon Board of Licensed Professional Counselors and Therapists 3218 Pringle Road
SE, Suite 120 | Salem, Oregon 97302 | FAX: 503-470-6266 | www.Oregon.Gov/oblpt

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5) Please describe your complaint in detail below (use additional paper if necessary):

I hereby certify that the above information is true to the best of my knowledge.

Signature of Complainant _____ Date _____

To submit this complaint to the Boards, please print and sign this document. You may mail, email or fax it to the appropriate Board address provided on the first page and below.

Oregon Board of Psychology 3218 Pringle Road SE, Suite 130 | Salem, Oregon 97302
| FAX: 503-374-1904 EMAIL: Oregon.BPE@state.or.us | www.Oregon.Gov/obpe

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SE, Suite 120 | Salem, Oregon 97302 | FAX: 503-470-6266 EMAIL:
LPCT.Board@state.or.us | www.Oregon.Gov/oblpct

