

MINNESOTA BOARD OF BEHAVIORAL HEALTH AND THERAPY

2829 University Avenue Southeast
Suite # 210
Minneapolis, MN 55414
612-617-2178; FAX 612-617-2187



Minnesota Relay Service:
1-800-627-3529

COMPLAINT FORM INSTRUCTIONS

Minnesota Statutes 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 (a) the Licensed Professional Counselor or applicant, or (b) the Licensed Alcohol and Drug Counselor, Temporary Permit Holder or applicant of the Board of Behavioral Health and Therapy 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 Behavioral Health and Therapy has jurisdiction only over individuals who are of the status listed above.
- Section 3: Please state in sufficient detail *all* the facts that relate to the complaint you are submitting to the Board. *The Board may or 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 choose 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.

The Minnesota statutes and rules relating to disciplinary action and professional conduct are available on our web site (www.bbht.state.mn.us) to aid you in describing the incident(s) that led you to file a complaint. For Licensed Professional Counselors, the relevant regulations are Minnesota Statutes section 148B.59 and Minnesota Rules parts 2150.7500 to 2150.7610. For Licensed Alcohol and Drug Counselors, the relevant regulations are Minnesota Statutes section 148C.09 and Minnesota Rules part 4747.1400. You may also request the board office to send you copies of the regulations. Please note that state law does not give the Board of Behavioral Health and Therapy jurisdiction over fees charged for professional counseling or alcohol and drug counseling 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 BEHAVIORAL HEALTH AND THERAPY
2829 UNIVERSITY AVENUE SE, SUITE 210
MINNEAPOLIS, MINNESOTA 55414
612-617-2178
FAX: 612-617-2187

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:

