



State of Arizona Board of Psychologist Examiners

1740 West Adams St., Room 3403
Phoenix, Arizona 85007

Phone: (602) 542-8159 Fax: (602) 542-8279

<https://psychboard.az.gov> heather.broaddus@psychboard.az.gov

COMPLAINT INSTRUCTIONS & PROCEDURES

Use this form to file a complaint regarding Board licensees, applicants for licensure, or unlicensed individuals who may be referring to themselves as psychologists or behavior analysts, and/or practicing psychology or behavior analysis without a license.

If you are alleging unprofessional conduct against a psychologist who performed court-ordered services (A.R.S. §32-2081(C)), please use a Claim Form (instead of this form). A Claim Form can be downloaded from the Board's website from the "Forms" tab under "General Forms," or can be mailed to you upon request.

If your complaint does not pertain to court-ordered services, please complete the enclosed form and return it, along with any supporting documentation, to the Board office at the address listed on the form. **Please do not submit your Complaint Form until you have assembled all supporting documentation so that the entire packet can be submitted at one time to avoid delays. Audiotapes, video tapes or compact discs submitted as a part of your response must be accompanied by a transcript of the entire (not excerpted) proceeding or conversation.**

Upon receipt, the complaint will be assigned for investigation. A copy of the complaint will be forwarded to the individual who is the subject of the complaint. The individual will be required to respond in writing. Please note that your name will be provided to the individual about whom you are complaining. **That individual's response and investigative reports are, pursuant to statute, part of the confidential complaint file and will not be provided to you.**

An investigation will be conducted. The matter will then be referred to the Board's Complaint Screening Committee ("CSC") for initial review. You will be notified of the date, time, and location of the CSC meeting, may attend, and may provide brief remarks at the CSC if you are present at the meeting. The person against whom the complaint is made may also address the CSC. After the CSC's initial review of the complaint, the CSC can vote to 1) dismiss the complaint finding no evidence of violation of statute or rule, or 2) refer the complaint to the full Board for further review and action. You will be notified in writing of the CSC's decision.

If the complaint is referred to the full Board, and the Board believes that a violation of statute or rules may have occurred, an informal interview with the licensee/applicant maybe scheduled during a regularly scheduled Board meeting. If an informal interview is scheduled, you will be notified and may attend. If the Board determines that the facts of the complaint do not warrant license revocation or suspension, it may take any of the following actions:

1. Dismiss the complaint.
2. Issue a non-disciplinary Letter of Concern.
3. Issue a Decree of Censure.
4. Fix a period and terms of probation. Probation may include temporary suspension for a period not to exceed twelve months, restriction of the license, or restitution of fees to a client resulting from violations of this chapter. If a licensee fails to comply with a term of probation, the Board may file a complaint and notice of hearing and take further disciplinary action.
5. Enter into an agreement with the licensee for discipline.

If the Board believes grounds exist to revoke or suspend a license for more than 12 months, it may refer the case to a formal hearing. You may be requested to attend the hearing and provide testimony. Whatever action is taken, you will be notified in writing of the results.

If the complaint pertains to an applicant for licensure or a non-licensed individual, the Board may take other actions permissible by law.

Pursuant to Board rules, only a party may file a motion for rehearing or review of a Board decision. A party means the Board, an applicant for licensure or a licensee, and does not include a complainant.

The Board of Psychologist Examiners has the responsibility to protect the public and is committed to act as fairly and expeditiously as possible on all investigations of matters within its jurisdiction. If you have any questions, please contact the Board office at (602) 542-8159.



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COMPLAINT FORM

Please type or print in ink and answer all questions. Return the completed original form, and one copy of all documents submitted.

Information regarding the Licensee, Applicant, or other individual who is the subject of the complaint
Name
Business Name Business Phone ()
Business Address
City State Zip Code

Complainant Information:
Name
Address Contact Phone ()
Where you wish to be contacted during business hours
City State Zip Code

SUMMARY OF ALLEGATION(S):

Include as many specific details as possible (who, what, when, where, how, why). Include the date(s) of treatment and specific examples of the problems with the care and treatment. Attach any additional documentation that supports your allegations. Please use extra sheets of paper, if needed. Please print clearly as the Board's review of your complaint will be delayed if we cannot read your writing.

Multiple horizontal lines for writing the summary of allegations.

(Attach additional pages if necessary.)

Pursuant to A.R.S. §32-2081(B) – "The Board shall not consider a complaint against a psychologist arising out of a judicially ordered evaluation, treatment or psychoeducation of a person charged with violating any provision of Title 13, Chapter 14 to present a charge of unprofessional conduct unless the court ordering the evaluation has found a substantial basis to refer the complaint for consideration by the board."

IS THIS COMPLAINT RELATED TO ACTIONS/NON-ACTIONS OF A PSYCHOLOGIST ARISING OUT OF A JUDICIALLY ORDERED EVALUATION, TREATMENT OR PSYCHOEDUCATION OF A PERSON CHARGED WITH VIOLATING ANY PROVISION OF TITLE 13, CHAPTER 14 SEXUAL OFFENSES?

Yes ____ **No** ____ If yes, please provide a copy of the court order appointing the psychologist and a copy of the psychologist's report to the court.

RELATIONSHIP OF COMPLAINANT TO CLIENT:

- Self Parent Brother/Sister Legal Guardian (provide documentation)
 Spouse Son/Daughter Friend Other _____
(Please specify)

Is there anyone, other than yourself, who knows about your complaint and who could give us further information? If so, please provide the person's full name, address and telephone number.

I am the person who prepared this complaint. The information given herein is known to me to be the truth, or is true to the best of my knowledge and belief, without any reservations.

Signature of person filing the complaint

Date

PLEASE NOTE THE FOLLOWING:

- 1.) The Arizona Board of Psychologist Examiners (Board) has the statutory authority to regulate **psychologists and behavior analysts** as provided by Arizona Revised Statutes and Board Rules. Issues which are not within the authority of the Board include billing disputes (i.e., the amount a licensee charges for services) and rudeness or personality conflicts (such as the licensee's or the office staff's attitude or professionalism).
- 2.) The Board's complaint files and records are confidential by law. Availability is restricted pursuant to Arizona Revised Statutes (A.R.S.) §32-2082(E). **Please note that your complaint will be provided to the individual who is the subject of the complaint to obtain a response to the allegation(s). According to statute, you are not entitled to review the response submitted by that individual.**
- 3.) If you wish to file a complaint against a health care facility or provider **other than an individual under the jurisdiction of this Board**, please see the **attached list of health care professional and facility licensing agencies.**

OTHER HEALTH PROFESSIONAL & FACILITY LICENSING AGENCIES

Regulated Profession/Facility	Regulatory Agency/Address	Phone/Website
<ul style="list-style-type: none"> Allopathic Physicians (MDs) (including psychiatrists) 	Arizona Medical Board 9545 E. Doubletree Ranch Rd. Scottsdale, AZ 85258	480-551-2700 877-255-2212 http://www.azmd.gov/
<ul style="list-style-type: none"> Osteopathic Physicians (DOs) (including psychiatrists) 	Arizona Board of Osteopathic Examiners 9535 E. Doubletree Ranch Rd. Scottsdale, AZ 85258	480-657-7703 http://www.azdo.gov
<ul style="list-style-type: none"> Physician Assistants 	Arizona Regulatory Board of Physician Assistants 9545 E. Doubletree Ranch Rd. Scottsdale, AZ 85258	480-551-2700 http://www.azpa.gov
<ul style="list-style-type: none"> Naturopathic Physicians 	Arizona Naturopathic Physicians Medical Board 1400 W. Washington, Suite 230 Phoenix, AZ 85007	602-542-8242 http://www.npbomex.az.gov
<ul style="list-style-type: none"> Nurses 	Arizona Board of Nursing 4747 N. 7th Street, Suite 200 Phoenix, AZ 85014-3653	602-771-7800 http://www.azbn.gov
<ul style="list-style-type: none"> Professional Counselors Social Workers Marriage and Family Therapists Substance Abuse Counselors 	Arizona Board of Behavioral Health Examiners 3443 N. Central Avenue, #1700 Phoenix, Arizona 85012	(602) 542-1882 www.azbbhe.us/
<ul style="list-style-type: none"> Nursing Homes 	Arizona Department of Health Services/ Public Health Licensing/ Long Term Care Facilities Licensing 150 North 18th Avenue, 4th Floor Phoenix, AZ 85007	http://azdhs.gov/licensing/ltc-facilities 602-364-2690
<ul style="list-style-type: none"> Medical Health Care Institutions 	Arizona Department of Health Services/ Public Health Licensing/ Medical Care Facilities Licensing 150 North 18th Avenue, 4th Floor Phoenix, AZ 85007	602-364-3030 http://azdhs.gov/licensing/medical-facilities
<ul style="list-style-type: none"> Assisted Living Centers/Homes Behavioral Health Residential Facilities Adult Day Health Care Facilities, Adult Foster Care Homes Behavioral Health Respite Homes Behavioral Health Therapeutic Homes 	Arizona Department of Health Services/ Public Health Licensing/ Residential Facilities Licensing 150 North 18th Avenue, 4th Floor Phoenix, AZ 85007	602-364-2639 http://azdhs.gov/licensing/residential-facilities
<ul style="list-style-type: none"> Group Homes for individuals with Developmental Disabilities Medical Marijuana Dispensaries DUI Services Domestic Violence Services 	Arizona Department of Health Services/ Public Health Licensing/ Special Licensing 150 North 18th Avenue, 4th Floor Phoenix, AZ 85007	602-364-2536 http://azdhs.gov/licensing/special