South Dakota Board of Examiners for Counselors &
Marriage and Family Therapists
P.O. Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340
Ph: 605-224-1721 E-mail: SDBCE@midwestsolutionssd.com
Website: https://dss.sd.gov/licensingboards/counselors/counselors.aspx

Complaint Form

Please ***type*** or ***print legibly*** and return to the above address. Form must be **SIGNED**.

PARTY MAKING THE COMPLAINT:			
NAME			PHONE NUMBERS:
ADDRESS			HOME
CITY	STATE	ZIP	CELL NUMBER
HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD? ☐ YES ☐ NO			

PARTY AGAINST WHOM COMPLAINT IS MADE*:*		
NAME		DAYTIME PHONE
ADDRESS		
CITY	STATE	ZIP
COUNSELOR LICENSE NUMBER (if known)		

DETAILS OF COMPLAINT

1. NATURE OF YOUR COMPLAINT (Check all that apply)

☐ Standard of Care
☐ Dual Relationship
☐ Breach of confidentiality
☐ Unlicensed practice
☐ Violation of professional standards
☐ Practice beyond scope *(training, education, expertise)*
☐ Other. Please describe:
_____
_____

_____

HAVE YOU COMMUNICATED YOUR CONCERN TO THE PERSON OR OFFICE? ☐ **YES** ☐ **NO**
IF YES, ON WHAT DATE AND BY WHAT MEANS: _____

3. DID THE PERSON OR THE OFFICE RESPOND? ☐ **YES** ☐ **NO**
IF YES, WHAT WAS SAID OR DONE? _____

4. WILL YOU, AS THE COMPLAINANT, WILLINGLY TESTIFY IF A HEARING SHOULD BE CALLED BY THE SD BOARD OF EXAMINERS FOR COUNSELORS & MARRIAGE AND FAMILY THERAPISTS FOR THE PURPOSE OF PRESSING CHARGES ARISING FROM THIS COMPLAINT? ☐ **YES** ☐ **NO**

STATE YOUR COMPLAINT: (In the space below, please state clearly and specifically, all charges made against the party named above. Be it known, your complaint will be sent to the counselor named above for his/her response. **If more space is needed, please attach additional sheets of paper.**

I verify that I have read the foregoing complaint and the same is true to the best of my knowledge, information and belief. I hereby waive any right of confidentiality or privilege under state law, federal law or the law of the land. I specifically acknowledge and understand that the Board may disclose confidential and privileged information as the Board or its staff deem necessary to investigate and process this complaint. I understand that a copy of this complaint will be provided to the licensee.

_____ _____

Signature of Complainant Date

CONFIDENTIALITY WAIVER & RELEASE OF INFORMATION

I, the undersigned, hereby authorize and direct you to release to the SD Board of Examiners for Counselors and Marriage & Family Therapists (Board) all mental health records and information, (including but not limited to: intake information, informed consent documents, notes, summaries, billing records, etc.) in your possession and control regarding _____ [NAME OF CLIENT] as may be required by the Board or its agent(s).

I understand that release of said information may include information regarding mental health diagnosis and treatment. I further understand that I may revoke this authorization at any time by notifying the Board in writing. I also understand that the information disclosed pursuant to this authorization may be subject to re-disclosure as necessary to resolve any complaint pending before the Board. I acknowledge that my refusal to sign this waiver and release may result in the Board, and/or its agents, determining that no review of any complaint filed with the Board shall be undertaken. This waiver and release shall be effective until written revocation of the same is received by the Board.

A copy of my signature on this release shall be authorization and direction to release such records and information as is appropriate for the review of any complaint filed with the Board. If the complaint involves a minor, this release must be signed by the minor's parent or legal guardian, and authorizes the release of the minor's mental health records to the Board and its agent(s). A copy of this waiver and release carries the same weight and authority as the original.

I also hereby consent to the release of my identity and records to agents of the Board involved in the investigation, other state licensing boards, and law enforcement agencies as necessary.

Date: _____

Print Name: _____

Signature: _____

(Check one) Client ☐ or Parent/Guardian ☐