

**South Dakota Board of Examiners of Psychologists**

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Spearfish, SD 57783  
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**COMPLAINT FORM**

**PERSON SUBMITTING COMPLAINT (please print):**

Last Name:		First Name:	Middle Initial:
Street Address:		City/State/Zip Code:	
Phone Number: (     )	Email Address:		

**COMPLAINT SUBMITTED AGAINST (if multiple practitioners, please submit separate forms for each):**

Last Name or Office/Facility Name:		First Name:	Middle Initial:
Street Address:		City/State/Zip Code:	
Phone Number: (     )	Email Address (if known):		

**STATEMENT OF COMPLAINT:**

Please describe your complaint in detail. Please provide details including dates, places, persons involved, frequency of occurrences, etc. If additional space is needed, please use additional sheet(s) of paper as necessary. Please send in or attach any documents in support of the complaint to the SD Board of Examiners of Psychologists as well.

(continued on back)

**OTHER INFORMATION ABOUT THE COMPLAINT:**

1. Have you had contact with other psychologists, law enforcement, or any other agency regarding this complaint?  No  Yes...if yes, please explain:

2. Have you communicated your concern to the psychologist involved in the complaint?  No  Yes...if yes, please explain what the psychologist's response was:

**SIGNATURE OF PERSON SUBMITTING COMPLAINT:**

Signature:

Date of Signature: