



# Complaint Form

## Complainant Information:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## Information for whom Complaint is being Filed:

FULL NAME: \_\_\_\_\_

ADDRESS (personal or professional): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CERTIFICATION HELD (if known): \_\_\_\_\_

## Information Regarding Incident/Complaint:

DATE(S) OF INCIDENT: \_\_\_\_\_

WHEN WERE YOU FIRST AWARE OF THE SITUATION? \_\_\_\_\_

HOW DID YOU BECOME AWARE OF THE INFORMATION CONTAINED IN THIS COMPLAINT?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



DESCRIPTION OF COMPLAINT:

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(use additional paper as needed)



TYPE OF COMPLAINT:

- Discrimination
- Professionalism
- Confidentiality
- Unlawful Conduct
- Romantic/Sexual Misconduct
- Safety
- Dual Relationships/Exploitation of Clients
- Other: \_\_\_\_\_

HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER AGENCY?

- State Licensing Agency
- Employer
- Other: \_\_\_\_\_
- Have not filed complaint with any other agency

HAVE YOU INFORMED THE PROFESSIONAL OF YOUR CONCERNS? \_\_\_\_\_

IF SO, WHAT WAS THEIR RESPONSE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Individuals Aware of the Allegation**

Individual 1:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROLE OR INVOLVEMENT RELATED TO COMPLAINT: \_\_\_\_\_

\_\_\_\_\_



Individual 2:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROLE OR INVOLVEMENT RELATED TO COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

Individual 3:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ROLE OR INVOLVEMENT RELATED TO COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

### Consent and Attestation

I understand that the person whom this complaint is being registered will be informed of this complaint and will be given the opportunity to submit a response. By signing this document, I swear that the information in this form is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail or email compliant form and any additional information that would be relevant to your complaint:

**Minnesota Certification Board (MCB) Inc.**

PO Box 586

Wyoming, Minnesota 55092

mcb@mcboard.org