

COMPLAINT FORM CONTINUED:

4. When did this take place? Please be as specific as possible, including dates and any other means of corroboration that you may be able to provide.

5. Have you taken or do you plan to take any other action? Yes No
If "yes", please explain below.

Consumer Statement of Authorization

I understand that the Alabama Board of Examiners in Psychology provides copies of the complaint forms and/or other information regarding complaints to the individual against whom the complaint is lodged.

I understand that the Alabama Board of Examiners in Psychology may provide copies of the complaint forms and/or information regarding complaints to other private and public agencies, pursuant to *The Code of Alabama, 1975* §36-12-40 and §36-12-41.

I authorize the Alabama Board of Examiners to give copies of this form, including attachments, to anyone who submits a public records request to the Alabama Board of Examiners in Psychology, pursuant to *The Code of Alabama, 1975* §36-12-40 and §36-12-41.

Signature

Date

By signing below, I certify that all information which I have given herein to be true, correct, and complete to the best of my knowledge.

Signature

Date

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority personally appeared _____ who, after being duly sworn, deposes and says that the foregoing (and any attached statement) is true and correct to the best of his/her knowledge and belief.

NOTARY PUBLIC Signature

Date

SEAL