

**OKLAHOMA STATE BOARD OF LICENSED  
ALCOHOL AND DRUG COUNSELORS**

Complaint Review Committee  
Post Office Box 54388  
Oklahoma City, Oklahoma 73154  
www.okdrugcounselors.org

Do not write in this space

**COMPLAINT FORM**

Please print or type the information requested below AND keep a full copy for your records.

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**INFORMATION ABOUT YOU**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
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**COMPLAINT AGAINST**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Profession:

LADC       CADDC

**NATURE OF COMPLAINT**

Please check all that apply below:

- |   |  |
|---|--|
| <input type="checkbox"/> Incompetence                           | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Substance Abuse                        | <input type="checkbox"/> Fraud             |
| <input type="checkbox"/> Billing/Fees                           | <input type="checkbox"/> Medications       |
| <input type="checkbox"/> Failure to transfer or provide records |  |

Other: \_\_\_\_\_  
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