

Do not write in this space.

**OKLAHOMA STATE BOARD OF LICENSED  
ALCOHOL AND DRUG COUNSELORS  
Complaint Review Committee  
P.O. Box 54388  
Oklahoma City, OK 73154  
[www.okdrugcounselors.org](http://www.okdrugcounselors.org)**

**COMPLAINT FORM**

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

**INFORMATION ABOUT YOU**

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

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

Your Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**COMPLAINT AGAINST**

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

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

Agency Name & Address: \_\_\_\_\_

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

Profession:  
( ) LADC    ( ) CADC    ( ) LADC/MH    ( ) Under Supervision  
Supervisor: \_\_\_\_\_

**NATURE OF COMPLAINT**

Please check all that apply below:

- ( ) Incompetence
- ( ) Substance Abuse
- ( ) Billing/Fees
- ( ) Failure to transfer or provide records
- ( ) Sexual Misconduct
- ( ) Fraud
- ( ) Medications
- ( ) Other \_\_\_\_\_

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