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|  | TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL1801 Congress Ave., Ste. 7.300Austin, Texas 78701Tel.: (512) 305-7700 | For Agency Use OnlyCase ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Entered in System:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please select the type of licensee who is the subject of this complaint.

[ ]  Psychology (e.g., LP, LPA, or LSSP) [ ]  Professional Counseling (e.g., LPC or LPCA)

[ ]  Marriage and Family Therapy (e.g., LMFT or LMFTA) [ ]  Social Work (e.g., LCSW, LMSW, or LBSW)

[ ]  Unlicensed Individual

|  |  |
| --- | --- |
| **Your Full Name (Complainant)**  | **Your Mailing Address (Street, City, State, Zip)** |
|       |       |
| **Phone Number(s) where you can be reached** | **Your Email Address** |
|       |       |
|  |  |
| **Name of Respondent (Individual against whom this complaint is filed)** | **Address of Respondent (Street, City, State, Zip)** |
|       |       |
| **Phone Number for Respondent**  | **Email Address for Respondent**  |
|       |       |
| **Respondent’s License No. (if known)** |  |
|       |  |

Are you a patient or client of the respondent? Y [ ]  N [ ]  If not, please state your relationship to the patient or client that is the subject of this complaint (e.g., mother, father, guardian):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the patient or client a minor? Y [ ]  N [ ]  If yes, please state the minor’s age: \_\_\_\_\_\_\_\_\_\_

If you are not a patient or client of the respondent, do you have legal authority to act on the patient’s or client’s behalf? Y [ ]  N [ ]  If yes, please attach any documentation evidencing this legal authority (e.g., court order, power of attorney).

When did the professional relationship begin (i.e., when professional services were first provided)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did the professional relationship end (i.e., the last date professional services were provided)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your complaint allege a violation arising out of a court ordered evaluation (e.g., psychological evaluation, child custody evaluation, competency evaluation)? Y [ ]  N [ ]  If yes, please follow the checklist below. Failure to follow the checklist and provide the required documentation or information may result in your complaint being dismissed.

Does your complaint allege a violation arising out of court ordered therapy or parenting facilitator services? Y [ ]  N [ ]  If yes, please follow the checklist below. Failure to follow the checklist and provide the required documentation or information may result in your complaint being dismissed.

Does your complaint allege a violation of a court order? Y [ ]  N [ ]  If yes, please follow the checklist below. Failure to follow the checklist and provide the required documentation or information may result in your complaint being dismissed.

Does your complaint relate to an evaluation or educational placement of a student in school? Y [ ]  N [ ]  If yes, please follow the checklist below. Failure to follow the checklist and provide the required documentation or information may result in your complaint being dismissed.

**Written Narrative Describing Violation(s)**

Please attach a written narrative to this form stating why you believe a violation has occurred, and be sure to include all documents and materials you believe to be important to the investigation of your complaint. Please be as specific as possible by providing dates, places, times, etc. It is also important to identify any witness(es) who may have first-hand knowledge of the event(s) you have described. If possible, witness should be identified by name, address and phone number.

**NOTE:** All documents and materials gathered by or submitted to the Council during the course of an investigation are confidential and will not be returned once the complaint is resolved. Thus, complainants are encouraged to keep original documents and submit only copies.

**Authorization for Release of Information**

I acknowledge and understand that by filing this complaint, I am giving the Council, which includes its Enforcement and Legal Divisions, permission to inquire into information that is normally held confidential. In addition, I further understand that by signing this complaint, I am giving the Council permission to release and reveal my identity, as the person who filed the complaint, to the respondent, named herein, and any other person necessary for the investigation and prosecution of this complaint.

I hereby authorize the respondent to release and disclose to the Council, any and all protected health information, correspondence, and other individually identifiable health information concerning (name of Patient or Client) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for use by the Council in this investigation.

**NOTE:** The Council is not a covered entity under HIPAA. The Council is, however, required by Chapter 181 of the Health and Safety Code and Section 507.205 of the Occupations Code to protect the privacy of patient health information and to provide this notice. This investigation may require that records be disclosed to agency staff and officials, other state agencies, members of the legislature or their staff, outside experts, and other parties or participants in an administrative hearing or court proceeding regarding your complaint.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Complainant’s Signature |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

Mail or email your complaint and supporting documentation to:

Texas Behavioral Health Executive Council

Attn: Enforcement Division

1801 Congress Ave., Ste. 7.300

Austin, Texas 78701

Enforcement@bhec.texas.gov

**Checklist for Complaints Involving Court Ordered Evaluations**

Complaints arising out of a court ordered evaluation must include the following information or an explanation as to why the information is not available:

1. A copy of the court order appointing the licensee to conduct the evaluation, or alternatively, a transcript or excerpt therefrom or written statement from an attorney-of-record in the case reflecting the licensee’s appointment;
2. A copy of the licensee’s expert report, or a statement that no such report was produced or provided;
3. A copy of any judgment, final order, or dismissal entered by the trial court; and
4. A copy of any documents provided by the licensee describing the costs of services, the nature of the services provided, as well as any limitations associated with those services, or a statement that no such documents were provided.

Additionally, complainants must show at least one of the following before the complaint will be investigated:

1. The respondent was disqualified or struck as an expert witness by the trial court;
2. The respondent’s opinion or inferences (i.e. testimony or report) complained of were ruled inadmissible by the trial court;
3. A written report by a qualified expert that explains the manner in which the respondent’s opinion or report failed to meet the requirements of the applicable law;
4. A letter from an attorney reflecting an opinion as to the manner in which the respondent’s opinion or report failed to meet the requirements of the applicable law; or
5. The agency would be likely to prevail at a hearing before SOAH based upon the information provided.

 **Checklist for Complaints Involving Court Appointed Therapists or Parenting Facilitators**

Complaints arising out of court ordered therapy or parenting facilitator services must include the following information or an explanation as to why the information is not available:

1. Documentation (e.g., a court order, docket sheet, transcript from the proceedings, a letter from an attorney involved in the case) reflecting the licensee's appointment in the case;
2. A copy of any documents provided by the licensee describing the costs, nature, or limitations of the services to be provided, or a statement that no such documents were provided; and
3. A statement from the complainant or a letter from an attorney involved in the case confirming the licensee's appointment in the case has been concluded or terminated.

 **Checklist for Complaints Involving Violations of Court Orders**

Complaints arising out of a licensee’s violation of a court order must include the following information:

1. A certified copy of the court order violated by the respondent; and
2. A certified copy of the judgement, order, or minutes of the court reflecting a finding of violation by the respondent.

 **Checklist for Complaints Involving Standard of Care Issues in Schools**

Complaints relating to an evaluation or educational placement of a student in school must include the following information:

1. Documentation demonstrating the complainant has exhausted all administrative remedies available under 19 TAC §89.1150 of the Commissioner’s rules concerning special education services, Texas Education Agency. A complainant that has gone through a due process hearing with the Texas Education Agency will be considered to have exhausted all administrative remedies.