

**ALABAMA BOARD OF EXAMINERS IN
MARRIAGE AND FAMILY THERAPY**

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Montgomery, Alabama 36124-0066

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CONSUMER COMPLAINT FORM

INSTRUCTIONS: Please complete this form and fax or mail to the above address. Also, any supporting documentation regarding this complaint can be attached and submitted as well. Make copies of this form as needed.

Name of Therapist

Your Name

Address

Your Address

City ST Zip

City ST Zip

Telephone

Telephone (Home) (Work)

FAX

FAX

Web site/E-mail address

Web site/E-mail address

Date of Service

How did you learn about this?

Please explain the entire circumstances surrounding your complaint including your attempts to solve the problem: _____

Have you consulted an attorney? Yes _____ (On what date?) _____
Please provide Attorney's Name, Address, & Contact Information Below:

Attorney's Name: _____

Firm's Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ FAX: _____

E-mail address: _____

Is there currently any action pending as a result of the circumstances surrounding this complaint? Yes _____ No _____

If yes, please describe:

Would you be willing to testify in an administrative proceeding held before the Board if deemed necessary? Yes _____ No _____

I solemnly swear or affirm that the statements made herein and on any attachments hereto are accurate, complete, and true to the best of my knowledge.

Signature of Person Filing Complaint

Date

Printed Name