



Have you discussed this problem with the individual?  Yes  No Date \_\_\_\_\_

Their response? (Attach additional pages if necessary)

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If you were in a program, as part of this process, did you follow the program's grievance procedure?

Yes  No

Their response? (Attach additional pages if necessary)

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Have you reported this incident to any other agency?  Yes  No Date \_\_\_\_\_

Agency: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name	
Address	
City, State, Zip	
Daytime Phone	
Other Means of Contact	
What would you like to see happen as a result of this complaint?	
I have read all questions, answers, and statements contained in this Complaint form and know the contents thereof. I hereby certify under penalty of perjury the information provided on this document is true and correct to the best of my knowledge.	
I give consent to the Board of Examiners for Alcohol, Drug and Gambling Counselors to send a copy of this form to individual against whom this complaint is filed, and I give consent to the release of my confidential records and other information, including that which is protected under federal regulations, 42 CFR Part 2.	
Date	Signature



Barbara Hunt, President  
Merlyn Sexton, Vice President  
LeAnn Malone, Secretary/Treasurer  
Diaz Dixon, Member  
Paula Chung, Member  
Maryann Potter, Member  
Mary Lask, Member

	<p>Subscribed and sworn to before me this _____</p> <p>Day of _____ Month/Year</p> <p>Notary Public for the State of _____</p> <p>My commission Expires _____</p> <p>_____ Signature of Notary Public</p>
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**Please return this form to Agata Gawronski, Executive Director  
Board of Examiners for Alcohol, Drug and Gambling Counselors  
4600 Kietzke Lane, B-115  
Reno, NV 89502**