

**NORTH CAROLINA SUBSTANCE ABUSE PROFESSIONAL PRACTICE
BOARD
POST OFFICE BOX 10126
RALEIGH, NORTH CAROLINA 27605
919-832-0975
919-833-5743 (FAX)
www.ncsappb.org**

COMPLAINT FORM

Your Name: _____

Your Address: _____

Your City: _____ **State:** _____ **ZIP:** _____

Your email: _____

Home Telephone: _____ **Work Telephone:** _____

Name of Person Against Whom Complaint is Filed: _____

His/Her Work Location: _____

His/Her Address: _____

His/Her City: _____ **State:** _____ **ZIP:** _____

His/her email (if known): _____

His Her Home Phone: _____ **Work Phone:** _____

NATURE OF COMPLAINT (PLEASE ATTACH)

This should be explained in detail. For example if a person is alleged to be practicing without a credential, specific examples must be cited and/or attached (i.e.: newspaper articles, yearbooks, business cards, etc.). If known, his/her supervisor's name should be included. Please feel free to use additional sheets if necessary. Please understand that the Board appreciates your help and we will not be back in contact with you unless additional information is needed.