NDBACE
NORTH DAKOTA BOARD OF ADDICTION COUNSELING EXAMINERS

NOTICE:
All NDBACE files are subject to the North Dakota Open Records Law
RETURN FORM TO:
North Dakota Board of Addiction Counseling Examiners
PO Box 1053
Bismarck, ND 58502

Complaint Form

Note: The NDBACE may only investigate complaints against individual Licensed Addiction Counselors in North Dakota.

Individual Making the Complaint

Name: _____ Phone: (w) _____ (h)_____

Address: _____
Street City State Zip

Individual Against Whom the Complaint is Made

If a complaint is being made against more than one individual, please complete a separate form for each individual.

Name:_____ Phone: (w) _____(h)_____

Address: _____
Street City State Zip

Place of Employment: _____

Nature of Complaint

List each incident, setting forth specific date(s), full name(s) of all alleged participants, and a brief statement describing each incident. If you require additional space, attach additional sheets of paper to this form.

I hereby certify that the above-stated charges are true and correct to the best of my knowledge. I further certify that the NDBACE is hereby authorized to copy and release this complaint as may be required by law or for the proper resolution of this matter.

_____ _____
Signature: Date: