



South Carolina  
Department of Labor, Licensing and Regulation



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Office of Investigations and Enforcement  
Board of Examiners in Psychology

### Complaint Form

*Please type or print legibly.*

#### Complainant

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_

What is the best way to reach you?  Daytime Phone  Evening Phone  E-mail: \_\_\_\_\_

#### Complaint Information

Board or Profession: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

If your complaint is about more than one licensee, please provide the information on the additional licensee below.  
(Attach additional sheets, if necessary).

Board or Profession: \_\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

