

**Alabama Board of Examiners for
Speech-Language Pathology and Audiology (ABESPA)**

P.O. Box 304760

Montgomery, Alabama 36130-4760

Telephone: (334) 269-1434 Fax: (334) 834-9618

Web address: www.abespa.alabama.gov

Email: abespa@abespa.alabama.gov

Complaint Form

Individual Registering Complaint

Name _____ Telephone _____

Address _____

City and State _____

Is this complaint being filed on behalf of an agency, corporation, or institution? If yes, please specify:

Individual Against Whom Complaint Is Being Filed

Name _____ Telephone _____

Address _____

City and State _____

Is the individual against whom this complaint is filed licensed by this Board? _____

Nature of Complaint (Please check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative/Record Keeping | <input type="checkbox"/> Advertising | <input type="checkbox"/> Fees/Billing Practices |
| <input type="checkbox"/> Fraud | <input type="checkbox"/> Incompetence | <input type="checkbox"/> Professional Misconduct |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Substance Abuses/Impairment | <input type="checkbox"/> Unlicensed Practice |
| <input type="checkbox"/> Other _____ | | |

Details of Complaint

Include specific details such as names of people involved, dates, location, information about the alleged violation(s), and any other pertinent facts. Complaints cannot be accepted without an original signature. Please sign and date each page if additional pages are necessary.

Are you aware of any action that has been taken relative to this matter, prior to the filing of this complaint? If yes, please specify:

Signature: _____ Date: _____

WAIVER OF ANONYMITY

I, _____, having made a formal complaint to the Alabama Board of Examiners for Speech-Language Pathology and Audiology (ABESPA), waive my anonymity to assist in the investigation of this complaint. I understand that ABESPA may have to reveal my identity to fully investigate the complaint. I will not hold ABESPA, its members, or employees liable for the release of my identity.

Signed this the _____ day of _____, 20_____.

Complainant

Please return to:
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Speech-Language Pathology and Audiology
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Montgomery, AL 36130-4760