

**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 _____ | | |

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:
Alabama Board of Examiners for
Speech-Language Pathology and Audiology
P.O. Box 304760
Montgomery, AL 36130-4760