



State of Nevada  
**Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board**

6170 Mae Anne Avenue, Suite 1, Reno, NV 89523  
(775) 787-3421 / Fax (775) 746-4105  
<https://www.nvspeechhearing.org> Email [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)

## BOARD LICENSEE COMPLAINT

### PART I: COMPLAINT FILED AGAINST (Respondent)

#### INSTRUCTIONS

*Formal complaints may be filed with our Board against any current Board licensee for the alleged unlawful, unauthorized, unqualified, or unethical practice of speech-language pathology, audiology, or fitting and dispensing hearing aids. Reports of Unlicensed Practice must be made on a separate form.*

*Please note that the Board does not regulate businesses. A complaint should reference at least one licensed practitioner over whom the Board has authority. The licensee against which the complaint is filed is referred to as the "Respondent."*

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

Licensee Type:  SLP  AuD/Dispensing AuD  HAS/HAS-Apprentice

License Number: \_\_\_\_\_ Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### PART II: COMPLAINT FILED BY (Complainant)

#### INSTRUCTIONS

*Please note that complaint investigations are confidential, and your identity will not be disclosed during the course of the investigation unless you are a patient for whom medical records must be subpoenaed. It is likely that you will be contacted by Board staff for an interview and/or to provide additional information. Should the case proceed to a Hearing before the Board, you may also be called as a witness. The person filing the complaint is referred to as the "Complainant."*

*You may also choose to remain Anonymous, however per [NRS 637B.260](#) the Board may refuse to consider the complaint if anonymity makes processing the complaint impossible or unfair to the Respondent.*

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

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

OR  I wish to remain Anonymous

**PART III: COMPLAINT SUMMARY**

**INSTRUCTIONS**

*Please summarize the details of your complaint as clearly and as completely as possible. Include names of all individuals who may have relevant knowledge or information regarding the circumstances or allegations contained in the complaint. Note that the Complaint may be closed or dismissed if there is insufficient evidence provided to investigate or substantiate the claim.*

**Date/Date Range of Alleged Misconduct** (if applicable): \_\_\_\_\_

**Please describe the alleged misconduct in as much detail as possible below:**

Include enough detail to allow the Board to understand the allegations ([NAC 637B.720](#)) and to allow the Respondent to prepare a defense. ([NRS 637B.260](#)). You may attach additional pages and include any documents you believe are relevant.

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**Please list all other agencies or organizations you have contacted about this Complaint:**

*Name/Company*

*Telephone*

_____	_____
_____	_____
_____	_____
_____	_____

**Is the Complaint regarding services provided to you as a Patient?**  Yes  No  
If "yes", please complete *Release of Medical Records* on the next page.

**Is the Complaint regarding the fitting and dispensing of Hearing Aids?**  Yes  No  
If "no", please skip to Part IV.

If "yes", please complete section below and attach copies of 1) the Bill of Sale, and 2) a copy of the refund response from Provider (if applicable).

**Date of Purchase of Hearing Aids:** \_\_\_\_\_

**Date Hearing Aids Received and Fitted into Ear(s):** \_\_\_\_\_

**Date Hearing Aids Returned to Provider:** \_\_\_\_\_

**Date Refund Requested from Provider:** \_\_\_\_\_

**PART IV: CERTIFICATION OF COMPLAINANT**

*I hereby certify that all information which I have given to be true, accurate and complete to the best of my knowledge.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PART V: SUBMISSION AND FOLLOW-UP**

You may return this form to the Board Office via one of the following methods:

**Email:** [board@nvspeechhearing.org](mailto:board@nvspeechhearing.org)

**USPS Mail:** 6170 Mae Anne Avenue, Suite 1, Reno, NV 89523

**Fax:** (775) 746-4105

Please also note:

- Complaints are handled by the Board's Executive Director, Investigator, and Board Counsel.
- Details of a case are confidential and are not disclosed to the Board during an active investigation, as the Board will ultimately be the body charged with making findings of fact on the basis of the evidence if the case results in a Formal Hearing.
- Board staff cannot provide legal advice.
- Board Members, staff, and Counsel may not discuss active complaint investigations with external parties not related to the investigation.

Please visit our website at <https://www.nvspeechhearing.org/consumer/complaint/index.asp> to learn more about the Licensee Complaint process, including Board response, timeframes, and outcomes.

**For Official Use Only**      **Date Received:** \_\_\_\_\_      **Case #:** \_\_\_\_\_



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**RELEASE OF MEDICAL RECORDS**

I, \_\_\_\_\_, hereby authorize any of the following: Physician, Psychologist, Health Professional, Hospital, Clinic, Hearing Aid Center, office or other related facility or provider to release information from my medical records to the State of Nevada, Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board at the above address.

It is understood that this release will be used in the following manner:

1. The information requested/received will be used only for the investigation of my Complaint filed with, and in accordance with the authorized responsibilities of the Board, and;
2. All information may be released, including, medical and/or psychological, history, physical and/or mental condition(s), diagnosis, prognosis, treatment, laboratory reports, testing results, client records and all professional(s)'s notes.
3. This release shall be valid for one year from the date of signing.
4. A copy of this release is as valid as the original.

\_\_\_\_\_  
Signature of Patient/Client/Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date