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

BOARD LICENSEE COMPLAINT

PART I: COMPLAINT FILED AGAINST (Respondent)

INSTRUCTIONS

- A complaint may be filed with our Board against any current or former Board licensee for the alleged unlawful, unauthorized, unqualified, or unethical practice of speech-language pathology, audiology, or fitting and dispensing hearing aids, which occurred while holding an active license.
- 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."
- In some cases, individuals may not be required to hold a license issued by the Board, specifically in educational or federal government settings. Please review Exceptions to Licensing by the Board before submitting your complaint.

Licensee Name: _____

Area of Licensure: ☐ Speech-Language Pathology ☐ Audiology ☐ Hearing Aid Fitting and Dispensing

License Number: _____ Look Up a License

Company/Agency: _____

Title: _____

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. 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 be contacted by Board staff via email or phone for an interview and/or to provide additional information.
- You may 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
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 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