



# LOUISIANA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

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## REQUEST FOR INVESTIGATION

*The Board has the authority to conduct investigations and take such actions under LA R.S. 37:2351-2378 et al., in order to protect the people of this state against the unauthorized, unqualified, unethical and improper application of psychology. The Board is not permitted to give psychological opinions or advice, nor does it have the authority to award damages or render any sort of money judgment. Please visit our web-site ([www.lsbep.org](http://www.lsbep.org)) to obtain a copy of the ethical standards adopted by the Board as well as the LA Licensing Law for Psychologists.*

### INSTRUCTIONS:

1. Complete both pages of this form.
2. Attach ***TWO*** copies of ***ALL*** documentation and evidence which may support your allegations.
3. Attach a completed Release of Information form for each Complainant.
4. Submit all documentation to the address on this letterhead. Upon receipt of your request, a review of the information provided herewith will be conducted by the Board's Complaints Coordinator. Allow approximately 8-10 weeks for a status of your request.

### I. PERSON INITIATING REQUEST (Complainant)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Patient (if different) \_\_\_\_\_ Patients Date of Birth \_\_\_\_\_

Relationship of Person Initiating Request to the Patient \_\_\_\_\_

### II. PERSON BEING INVESTIGATED (Respondent)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### III. GENERAL NATURE OF INVESTIGATION REQUEST

- Competence
- Dual Relationships
- Sexual Misconduct
- Substance Abuse
- Failure to release patient records
- Problem other than listed above \_\_\_\_\_

### IV. DETAILS OF INCIDENT(S)

Include specific details such as, names, dates, particulars about the alleged violation(s), or other pertinent facts. *(If other pages are necessary, please sign and date each one and include **TWO** copies of each additional document you are providing.)*

*I, the undersigned, by filing this investigation request, authorize the Louisiana State Board of Examiners of Psychologists to investigate and resolve this matter in accordance with the Board's rules and regulations.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Investigator \_\_\_\_\_ Case No. \_\_\_\_\_