



LOUISIANA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

4334 S. Sherwood Forest Boulevard • Suite #C-150 • Baton Rouge, LA 70816
Voice: (225) 295-8410

REQUEST FOR INVESTIGATION

Information and Instructions

The Louisiana State Board of Examiners of Psychologists (Board) has the authority to conduct investigations and take such actions under LA R.S. 37:2351- 2378 et al.; the Louisiana Administrative Code Title 46, Part LXIII. Psychologists (Psychology Laws); and the Louisiana Administrative Procedures Act (LAPA), LA R.S. 49:950 et seq. in order to protect the people of this state against the unauthorized, unqualified, unethical and improper application of psychology.

Please be advised that the Board:

1. Is not permitted to provide psychological opinions or advice.
2. Is not legally authorized to impose civil remedies, such as monetary damages or restitution to compensate complainants or to resolve fee disputes, which are civil matters. **If you are seeking damages or restitution, please consult a private attorney for guidance.**
3. Is not legally authorized to impose criminal penalties, such as jail sentences or criminal probation.
4. Filing a complaint with the Board does not preclude you from filing a separate civil or legal action. If you believe your allegations may constitute a criminal violation, please contact your local law enforcement agency regarding the procedure for filing a criminal complaint, (For Example: violation of mandatory reporter laws). If you wish to pursue civil remedies, please consult a private attorney for guidance or consider pursuing your claim in the small claims division of your local district court. You may also file a complaint with other agencies with oversight over hospital administration such as the Louisiana Department of Health; the U.S. Department of Health & Human Services (HHS) for determinations on whether your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) have been violated; or other applicable enforcement agency.

Further, if the Board determines after investigation that disciplinary proceedings should be initiated against the professional's license or registration, please be advised of the following:

1. The role of the Board is to determine what is necessary for public protection and is not to advocate on behalf of an individual complainant.
2. The Board is represented by attorneys with whom the Board has contracted to provide administrative prosecutorial services. These attorneys **do not represent you and cannot provide you with legal advice**. You always have the right to consult your private attorney regarding your own legal rights and responsibilities.
3. **You will not be considered a party to this proceeding.** The parties in any administrative law proceeding are the Board and the licensee/applicant for licensure.
4. You may be asked to provide further information in our investigation or may be called as a witness in future proceedings, in which case we look forward to your cooperation. A Board may be able to proceed without your testimony or additional information, depending on the facts of the case. Testimonial privileges, exceptions, and waiver with respect to communications between psychologist or licensed specialist in school psychology and patient are governed by the Louisiana Code of Evidence, psychology laws, and the LAPA.
5. Investigations are confidential and are not public records. This means that the Board cannot provide you with a copy of the investigation.

INSTRUCTIONS:

1. Complete pages 2 and 3 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, the Board's Complaints Coordinator will conduct a review of the information provided herewith.



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REQUEST FOR INVESTIGATION

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 _____

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 signing this investigation request, affirm that the information contained herein and attached hereto is **true, accurate and complete** to the best of my knowledge; I understand that under LA R.S. 37:2364(2) There shall be no liability on the part of and no action for damages against any person providing information to the board, its agents, or employees, or to a committee appointed or designated by the board, without malice and in the reasonable belief that such information is accurate; and I authorize the Louisiana State Board of Examiners Of Psychologists to investigate and resolve this matter in accordance with the LAPA and the Board's laws, rules and regulations.*

SIGNATURE

DATE

OFFICE USE ONLY:

Date Received: _____ **Date Assigned:** _____ **Complaints Coordinator:** _____