

Before the Nevada State Board of  
Marriage and Family Therapist Examiners

\_\_\_\_\_,  
Complainant,

vs.

COMPLAINT

\_\_\_\_\_,  
Respondent,

COMES NOW \_\_\_\_\_, and files

This complaint against \_\_\_\_\_ and alleges that the above-named Respondent has violated certain provisions of Chapter 641A of the Nevada Revised Statutes by:

(Here set out a complete statement of facts which constitute acts and omissions in violation of Chapter 641A. Please be sure that the statement is sufficiently particular to enable the respondent to understand the complaint, that all dates on which the acts are alleged to have occurred are specified, and all applicable laws, rules and regulations and orders of the board are cited.) YOU ARE TO USE THE SPECIFIC NRS AND/OR NAC CHAPTER NUMBERS AND ITEM (Paragraph) NUMBERS WHICH APPLY TO EACH ITEM OF THE COMPLAINT. (Use additional pages if necessary)

WHEREFORE, \_\_\_\_\_ (Name of Complainant) prays the Nevada State Board of Marriage and Family Therapist Examiners commence administrative proceedings against the above-named Respondent to take appropriate disciplinary action.

STATE OF NEVADA )  
 )  
COUNTY OF \_\_\_\_\_ )

SS:

\_\_\_\_\_, being first duly sworn, deposes and says:

That (he or she) has filed this \_\_\_\_\_ (complaint, answer or application); that (he or she) has read the foregoing and knows the contents thereof; that the contents are true of (his or her) own knowledge, except for those matters therein stated upon information and belief, and as to those matters, (he or she) believes them to be true. Subscribed and sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature of person filling complaint)

(Notary Public in and for said County and State)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone)

CONSENT FOR THE RELEASE  
OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Name of patient)

\_\_\_\_\_  
(Name or general designation of program making disclosure)

to disclose to the Nevada Board of Marriage and Family Therapist Examiners (P.O. Box 370130  
Las Vegas, NV 89137-0130) the following information:

\_\_\_\_\_  
(Nature of the information, as limited as possible)

\_\_\_\_\_  
The purpose of the disclosure authorized herein is to:

\_\_\_\_\_  
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed with out my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

\_\_\_\_\_  
(Specification of the date, event, or condition upon which this consent expires)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature of parent,  
Guardian or authorized  
Representative when required