



Board Certified Behavior Analyst (BCBA) and Board Certified Assistant Behavior Analyst (BCaBA) Complaints

Name of client:		Date of complaint:
Address:		
Phone number:	E-mail:	
Name of person completing form:	Relationship to client:	
Address:		
Phone number:	E-mail:	
Name of behavior analyst:	Date of event:	
Nature of complaint: (Check all that apply.) <input type="checkbox"/> gross or repeated negligence; <input type="checkbox"/> incompetence; <input type="checkbox"/> misconduct or malpractice in professional work; or <input type="checkbox"/> other.		
Explain the nature of complaint:		
Names and contact information for individuals, if any, able to verify the facts stated above:		

DECLARATION AND AUTHORIZATION: I hereby declare that: (1) I am 18 years of age; (2) I am the client, parent, legal guardian of client, or I have direct knowledge of the matter; (3) I waive all claims or liability against the Oklahoma Licensed Behavior Analyst Board (OLBAB) for the conduct of this investigation and/or the release of information relating to this investigation; and (4) the information provided in this complaint is true and accurate to the best of my knowledge. By signing, I agree to indemnify

OLBAB for any liability or damages arising out of the OLBAB investigation of this complaint, if false, inaccurate, or misleading information is provided in this complaint.

I expressly understand that, OLBAB may disclose my identity.

Anonymous complaints will not be investigated.

Signature of person completing form

Date

As client, parent, or legal guardian, I authorize OLBAB and Developmental Disabilities Services Division (DDSD) to release the identity of the client, behavior analyst, and outcome of the matter, if such information is required or requested by any state or government official or agency.

As client, parent, or legal guardian, I agree to assist OLBAB by providing my consent to treatment facilities and professionals to release to OLBAB and DDSD any and all information relating to the provision of service by the behavior analyst named in the complaint.

As client, parent, or legal guardian, I consent to the release of information by OLBAB or DDSD to the National Behavior Analyst Certification Board for determination of sanctions.

Signature of client, parent, or legal guardian

Date

Mail to: Oklahoma Department of Human Services
Developmental Disabilities Services Division – Quality Assurance Unit
P.O. Box 25352
Oklahoma City, OK 73152