

STATE OF NEW HAMPSHIRE
BOARD OF MENTAL HEALTH PRACTICE
7 Eagle Square
Concord, NH 03301

REPORT OF ALLEGED MISCONDUCT FORM

Use of this form is encouraged but not required to file a report of alleged misconduct.

Please type or print clearly

Please provide all information requested

NAME OF MENTAL HEALTH PRACTITIONER: _____

OFFICE PHONE: _____

ADDRESS: _____

NAME OF PERSON REGISTERING ALLEGED MISCONDUCT: _____

ADDRESS: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____ WORK PHONE: _____

If you are not the patient of the licensee please answer the following questions:

1. What is your relationship to the client/ patient? _____
2. If you are the parent of the client/patient -:
Do you have legal custody, legal guardianship, or legal parental responsibility? Yes No
What is the age of the child? _____

Has the client/patient consulted any other mental health practitioner regarding this alleged misconduct?

If so, please give the name and address: _____

DETAILS OF ALLEGED MISCONDUCT

WHAT YOU'RE YOUR SPECIFIC CONCERNS?

1) Did the conduct about which you are concerned arise in the course of litigation?
Please circle one: YES NO

2) If so, has the litigation been concluded? Please circle one: YES NO

If not, this matter may be delayed.

3) If you think there were witnesses for conduct for which you are concerned please include names, addresses and phones numbers below.

1. _____

2. _____

3. _____

Please choose and initial one of the following:

I am the patient of the licensee and acknowledge that the Board may access my mental health records without the need for a signed release _____ (please initial)

I am the legal parent/guardian of the minor child who is the patient of the licensee and acknowledge that the Board may access his/her mental health records without the need for a signed release. _____ (please initial)

I have read the preceding and affirm it is true to the best of my knowledge.

The signature on this document shall constitute a certification that:

- (1) The signer has read the document;
- (2) The signer is authorized to file it;
- (3) To the best of the signer's knowledge, information, and belief, there are good grounds to support it; and
- (4) The document has not been filed for purposes of delay or harassment.

SIGNATURE: _____

DATE: _____

**Instructions for filing:
REPORT OF ALLEGED MISCONDUCT**

1. Please print clearly or type. Be sure to include your name, address and phone number as well as the name of the licensee against whom the alleged misconduct is directed.
2. State your facts of alleged misconduct in chronological order and in detail. Please include specific facts and circumstances which are believed to constitute professional misconduct. Your impressions may also be valuable, but please be specific.
3. Attach as many additional sheets as necessary. You may also include any documents which support your report of alleged misconduct. **DO NOT ATTACH ORIGINALS.**
4. Please sign and date your letter. Keep a copy for your records, if possible.
5. Please mail to the address on the top of this form. If you have any questions about filling out the form, please call 603-271-2702.
6. For more detailed information on the process of filing a report of alleged misconduct please go to www.oplc.nh.gov/mental-health and click on Consumers.

IF THE COMPLAINT INVOLVES ALLEGATIONS THAT ARE NOT WITHIN THE BOARD'S JURISDICTION, IT WILL POSSIBLY BE REFERRED TO ANOTHER AGENCY WHICH MAY HAVE AUTHORITY IN THAT AREA. REPORTS OF ALLEGED MISCONDUCT INVOLVING PERSONS LICENSED BY OTHER BOARDS OR BUREAUS ARE NOT UNDER THE JURISDICTION OF THE BOARD