

Virgin Islands Board of Psychology Examiners
Department of Health, Office of the Commissioner
Roy L. Schneider Hospital
9048 Sugar Estate
St. Thomas, VI 00802

Ethics Complaint Form

PERSON MAKING
COMPLAINT
MAILING ADDRESS: _____

HOME TELEPHONE _____

BUSINESS TELEPHONE _____
PSYCHOLOGIST
COMPLAINED ABOUT: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____

PLEASE DESCRIBE THE ISSUES YOU WOULD LIKE THE BOARD TO INVESTIGATE EITHER BELOW OR ON SEPARATE SHEETS. PLEASE ATTACH COPIES OF ANY DOCUMENTS YOU FEEL THE BOARD NEEDS TO REVIEW TO COMPLETE A THOROUGH INVESTIGATION. IF YOU KNOW OF WITNESSES OR OTHERS WHO MIGHT PROVIDE RELEVANT INFORMATION, PLEASE EITHER INCLUDE THEIR SIGNED STATEMENTS TO THE COMMITTEE, PREFERABLY NO MORE THAN TWO WEEKS AFTER YOU FILE YOUR COMPLAINT.

PLEASE GIVE US THE DATES _____
WHEN THESE EVENTS TOOK
PLACE:

HAVE YOU DISCUSSED THIS
SITUATION WITH THE
PSYCHOLOGIST YOU ARE
COMPLAINING ABOUT:

YES

NO

HAVE YOU TAKEN ANY
OTHER ACTION? IF YES,
PLEASE DESCRIBE:

YOUR SIGNATURE:

DATE:
