

STATEMENT OF COMPLAINT

The following information will **not** be shared with the Respondent (licensee) unless charges are filed

COMPLAINANT INFORMATION

(Your) Contact Information

Last Name		First Name		MI			
Mailing Address (PO Box, Street Number and Name)							
City		State		Zip Code			
Home Phone		Work Phone		Cell Phone		Fax	
Email Address							

(Your) Business Information (if any)

Name							
Mailing Address (PO Box, Street Number and Name)							
City		State		Zip Code			
Home Phone		Work Phone		Cell Phone		Fax	
Email Address							

The following information will **not** be shared with the Respondent (licensee) unless charges are filed

WITNESS INFORMATION

Witnesses with factual knowledge of the events leading to your complaint (if applicable)
(Use additional sheets, if needed)

First Witness (if any)

Last Name	First Name	MI	
Mailing Address (PO Box, Street Number and Name)			
City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	Fax
Email Address			

Second Witness (if any)

Last Name	First Name	MI	
Mailing Address (PO Box, Street Number and Name)			
City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	Fax
Email Address			

The following information will be shared with the Respondent (person or business you are complaining about)

RESPONDENT INFORMATION

Professional Information – [Name of the person you are complaining about]

Last Name	First Name	MI	
Type of Professional you are complaining about: (See Attached List)			
Mailing Address (PO Box, Street Number and Name)			
City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	Fax
Email Address			

Business Establishment Involved – [Name of the business you are complaining about] (if any)

Name			
Mailing Address (PO Box, Street Number and Name)			
City	State	Zip Code	
Home Phone	Work Phone	Cell Phone	Fax
Email Address			

The following information will be shared with the Respondent (person or business you are complaining about)

COMPLAINT DESCRIPTION

Describe your complaint in detail below. List services provided by the professional and dates.
If you need more space, please and/or use additional 8 1/2 x 11 sheets of paper.

ADDITIONAL INFORMATION

Attach copies of related documents and records obtained during the course of the matter, if possible.

STATEMENT (of the Complainant – person filing this complaint)

I understand that my name, the summary of this complaint, and supporting documents enclosed with this complaint, may be sent to the person or business (Respondent) who is the subject of this complaint.

Signature of Complainant	Date (MM/DD/YYYY)

What Happens after a Disciplinary Complaint is Filed

1. Upon receipt of a complaint, the Case Manager will review the complaint to first determine if:
 - the professional activity requires a person to be licensed, certified, or registered;
 - the person being complained about is licensed, certified, or registered; and
 - the complaint could be considered unprofessional conduct based on the laws and rules related to the profession.
2. If any of the three criteria above are not met, the complainant will be notified that this is not within the jurisdiction of the regulating body.
3. If the three criteria are met, a case is opened and a number is assigned. This number will appear on all correspondence sent from this office about the complaint. If you contact this Office, please refer to your case file number.
4. A letter will be sent to the complainant indicating that the Office has received the complaint and has opened a case.
5. A letter will be sent to the licensee (we refer to the licensee as the "respondent") indicating a complaint has been made. A copy of the complaint information will also be sent to the respondent.
6. The case will be assigned to an investigative team. The team is made up of:
 - a case manager,
 - a staff investigator, and
 - a board member or advisor to the profession

The team may also include a prosecuting attorney.
7. The complainant and respondent will be contacted by an investigator. Other people with knowledge of the complaint may also be contacted. The investigator will obtain copies of written documentation and records relevant to the complaint.
8. The team will then review the investigator's findings and prepare a recommendation. If the recommendation is to close the case without disciplinary action, it is submitted to the board or the Director. If the recommendation is to pursue disciplinary action, the Prosecuting Attorney will prepare formal charges.
9. The investigatory process above usually takes between 6 to 9 months to complete. If a decision is made to pursue discipline through formal charges and a hearing, this process can take an additional 5 to 10 months depending on the complexity of the case.
10. Although hearings and disciplinary actions are public, the investigative process is entirely confidential. If the decision is to pursue disciplinary action against the respondent, however, the names of the persons involved **may become** public. If the decision is to close the investigation without disciplinary action, the complaint and information collected will remain confidential.
11. Complaint investigations focus on licensure and fitness of the licensee to practice. Disciplinary action, when warranted, ranges from warning to revocation of license, based on the violations and circumstances. From this process, a complainant should not expect a return of fees paid or additional unpaid services as a result. If you seek restitution of this nature, consider consulting with the Consumer Protection Division of the Office of the Attorney General, seeing an attorney, or filing a case in Small Claims court.
12. At any time if you have questions you should feel free to contact the Case Manager assigned to your case.

Mail complaint (for professions listed below) to:

Vermont Secretary of State
Office of Professional Regulation
Attn: Carla Preston
89 Main Street, 3rd Floor
Montpelier, Vermont 05620-3402
(802) 828-2875
carla.preston@sec.state.vt.us

Accountancy	Mental Health Counselor
Acupuncture	Midwife
Alcohol and Drug Abuse Counselors	Motor Vehicle Racing
Architect	Naturopath
Athletic Trainer	Occupational Therapist
Auctioneer	Optician
Boxing	Optometrist
Chiropractic	Osteopath
Clinical Social Worker	Physical Therapist
Cosmetology/Barber	Private Investigator and Security Guard
Crematory	Psychoanalyst
Dental	Psychologist
Dietitian	Psychotherapist
Electrology	Radiologic Technologist
Engineer	Real Estate
Funeral Services	Real Estate Appraiser
Hearing Aid Dispenser	Respiratory Care Therapist
Landscape Architect	Tattooist and Body Piercer
Land Surveyor	Veterinarian
Marriage and Family Therapist	

Vermont Secretary of State
Office of Professional Regulation
Attn: Ronald Klein
89 Main Street, 3rd Floor
Montpelier, Vermont 05620-3402
(802) 828-2733
ronald.klein@sec.state.vt.us

Pharmacy

Mail all Nursing (credentials listed below) –and–
Nursing Home Administrator complaints to:

Vermont Secretary of State
Office of Professional Regulation
Attn: Jennifer Silverwood
89 Main Street, 3rd Floor
Montpelier, Vermont 05620-3402
(802) 828-2396
jennifer.silverwood@sec.state.vt.us

Licensed Nursing Assistant (LNA)
Licensed Practical Nurse (LPN)
Registered Nurse (RN)
Advanced Practice Registered Nurse (APRN)
Nursing Home Administrator