

**Members:**

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Administrator



THE STATE OF NEVADA  
**Board of Examiners for Audiology and Speech Pathology**

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P.O. Box 7256  
Reno, Nevada 89570-7256  
Phone: (775) 857-3500 • Fax: (775) 857-2121

Website: [www.speech\\_pathology.state.nv.us](http://www.speech_pathology.state.nv.us) • e-mail: [info@nvaud-sp.org](mailto:info@nvaud-sp.org)

## Complaint Process

- **Statement of Purpose**

The following information explains the procedure for filing a complaint against an audiologist or speech pathologist and the Board's process of review and investigation of the complaint.

- **Who should file a complaint?**

Anyone who believes an audiologist or speech pathologist has or is engaged in illegal or unethical activities. The most effective complaints are those containing firsthand information which can be verified and documented.

- **How is a complaint filed?**

To initiate a complaint, the information should be printed or typed on the attached form. Complaints should provide a statement explaining the nature of the complaint in as much detail as possible along with any documentary evidence. If applicable to your complaint, you may want to complete the attached **Release of Medical Records** form and return it with the **Complaint Form**.

- **How are complaints processed?**

The Board will respond to each complaint. Notice will be sent to the person filing the complaint and to the person the complaint was filed against. Some cases may be referred and handled through a more appropriate agency or organization.

- **Informal Investigation.**

When a complaint is received, it is referred to the Nevada Attorney General's office for review. If the review determines an informal investigation is warranted, then both the complainant and the subject of the complaint may be interviewed. Details of the investigation remain confidential and are not part of the public record at this time. However, once the Board decides to proceed with a complaint and take formal action on the matter, a public hearing will be conducted. If allegations are confirmed, the Attorney General's office may seek prosecution or the board may impose disciplinary actions.

- **Should unlicensed persons and/or unprofessional conduct be reported?**

If there is evidence that an unlicensed person is participating in activities that require a license, the Board should be notified. Also, any alleged unprofessional conduct by a licensee should be reported to the Board.

- **Additional Information**

If you have any questions regarding the complaint process please contact the Board at the address or phone number indicated above.

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## Complaint Form

*Return this form and any supportive documents to the above address*

### PERSON FILING COMPLAINT

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Business Address \_\_\_\_\_

### COMPLAINT FILED AGAINST

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Place of Business \_\_\_\_\_  
Business Address \_\_\_\_\_

Please list all other agencies or organizations you have contacted relative to this complaint.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Please summarize the details of your complaint as clearly and as completely as possible. You may use the reverse side of this form and/or additional sheets of paper.

I certify that all information which I have given herein to be true, correct and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Release of Medical Records**

I, \_\_\_\_\_, hereby authorize my Physician, Psychologist, Health Professional, Hospital, Clinic or other medical facility, licensed or certified by the state of Nevada or any other state to release information from my medical records to the State of Nevada, Board of Examiners for Audiology and Speech Pathology at the above address.

It is understood that this release will be used in the following manner:

1. The information requested/received will be used only for the investigation of my complaint filed with, and in accordance with the authorized responsibilities of the Board, and;
2. All information may be released, including, medical and/or psychological history, physical and/or mental condition(s), diagnosis, prognosis, treatment, laboratory reports, testing results and all professional(s)'s notes.
3. This release shall be valid for one year from the date of signing.
4. A copy of this release is as valid as the original.

Date  
\_\_\_\_\_

Signature of Patient/Client/Complainant  
\_\_\_\_\_

Date  
\_\_\_\_\_

Signature of Parent/Guardian (if required)  
\_\_\_\_\_

Date  
\_\_\_\_\_

Signature of Witness  
\_\_\_\_\_