



**REGISTERED ADDICTION SPECIALIST  
COMPLAINT FORM**

**SECTION 1. REGISTERED ADDICTION SPECIALIST (RAS) AGAINST WHOM COMPLAINT IS BEING MADE.**

Please type or print information clearly. This information is required in order to commence an investigation.

First Name																								
Middle Name																								
Last Name																								
Address (Number, Street, Apt or Suite No.)																								
City																								
State (or Province)															USA Zip Code									
Country (other than USA)															Country Code									
Primary Telephone Number (including Area Code)										Facsimile Number (including Area Code)														
RAS certificate number (if known)																								

**SECTION 2. PARTY MAKING THE COMPLAINT.**

Please type or print information clearly. This information is required in order to commence an investigation.

First Name																								
Middle Name																								
Last Name																								
Address (Number, Street, Apt or Suite No.)																								
City																								
State (or Province)															USA Zip Code									
Country (other than USA)															Country Code									
Primary Telephone Number (including Area Code)										Facsimile Number (including Area Code)														
E-mail Address																								

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**SECTION 3. NATURE OF COMPLAINT.**

A. What is the relationship between the complainant and the consumer or client/patient?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Self                         | <input type="checkbox"/> Spouse         | <input type="checkbox"/> Son/Daughter   |
| <input type="checkbox"/> Parent                       | <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Other (please specify) _____ |   |   |

B. Complainant Date of Birth (Month/Day/Year): \_\_\_\_\_

C. What is the nature of the complaint?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Administrative/Recordkeeping | <input type="checkbox"/> Advertising       | <input type="checkbox"/> Fees/Billing Practices |
| <input type="checkbox"/> Fraud                        | <input type="checkbox"/> Incompetence      | <input type="checkbox"/> Insurance Fraud        |
| <input type="checkbox"/> Professional Misconduct      | <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Substance Abuse        |
| <input type="checkbox"/> Unlicensed Practice          |  |   |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

D. Please describe the facts of your complaint. Include witness names and contact information (address, telephone, e-mail) who can support your facts. Type or print clearly. Use additional sheets if necessary.

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E. Please describe any action taken to resolve this matter prior to contacting Breining Institute. Type or print clearly. Use additional sheets if necessary.

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**SECTION 4. CERTIFICATION BY COMPLAINANT.**

The undersigned complainant certifies and understands the following:

- The undersigned certifies, under penalty of perjury, that the above stated charges are true and correct.
- If any of the above statements are willfully false, the undersigned understands that he/she may be subject to criminal and/or civil punishment.
- This complaint must be accompanied by legible copies (not originals) of any complaint-related contracts, bills, receipts, cancelled checks, correspondence or any other documents that will support this complaint.
- The undersigned waives any requirements of confidentiality, and authorizes disclosure of information, as Breining Institute deems necessary to investigate or pursue this complaint.
- The undersigned will testify before an administrative board or in a court of law if requested to do so.
- The undersigned may be contacted by Breining Institute for additional information relating to this complaint.
- A copy of this complaint will be provided to the Registered Addiction Specialist, which will require a detailed response to the allegations set forth in this complaint.
- Until the complaint is fully investigated and resolved, Breining Institute is not permitted to disclose information regarding the investigation.

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Signature of complainant

Date

This Complaint should be returned to: **Breining Institute · 8880 Greenback Lane · Orangevale, California USA 95662-4019**