



Mississippi Department of Mental Health (DMH)  
Division of Professional Licensure and Certification (PLACE)

## DMH PLACE Professional Credentialing

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# DMH PLACE Professional Credentialing Complaint Form

Effective Date – June 20, 2017

### **CONTACT INFORMATION**

*Mississippi Department of Mental Health (DMH)  
Bureau of Outreach, Planning and Development (OPD)  
Division of Professional Licensure and Certification (PLACE)  
1101 Robert E. Lee Building  
239 North Lamar Street  
Jackson, MS 39201  
601-359-1288  
[place@dmh.ms.gov](mailto:place@dmh.ms.gov)*

**Mail your completed sworn and notarized complaint form to:**

Mississippi Department of Mental Health (DMH)  
Division of Professional Licensure and Certification (PLACE)  
239 North Lamar Street  
1101 Robert E. Lee Building  
Jackson, MS 39201

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## **DMH PLACE Professional Credentialing Complaints and Investigation Process**

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**Before submitting a complaint to the DMH Division of PLACE**, be sure to review the “Complaints and Disciplinary Action” chapter located in the most current version of the *DMH PLACE Professional Credentialing Rules and Requirements* document, hereafter referred to as the *Rules and Requirements* document. It is recommended that you also review the *DMH Principles of Ethical and Professional Conduct* located in the current *Rules and Requirements* document. This document is located on the “PLACE” page of the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov).

### **DMH PLACE Professional Credentialing Complaints and Investigation Process – General Information**

**(As outlined in the aforementioned current *Rules and Requirements* document):**

- A. All complaints concerning a DMH-credentialed individual’s professional service or activities must be received by the Division of PLACE.
- B. The individual lodging the complaint (i.e., complainant) must submit the complaint on the Mississippi Department of Mental Health-approved DMH professional credentialing complaint form(s) and the complaint form(s) must be returned sworn and notarized; the complaint must be submitted according to the instructions on the form(s). The complainant is responsible for completing the form(s) (according to the instructions) and returning the form(s) to the Division of PLACE.
- C. The approved DMH professional credentialing complaint form(s) will be made available on the DMH website.
- D. The following information must be included on the submitted complaint form(s):
  1. The DMH-credentialed individual’s name;
  2. The name and contact information of the complaining party;
  3. The date of the complaint;
  4. A sworn statement of the complaint; and,
  5. Disposition or attempts at settlement.
- E. The complaint should include the charges set forth with such clarity as to inform the Division, the PLACE Review Board and the credentialed individual of the issue involved.
- F. Upon receipt, the Division of PLACE will assign each complaint a case number and set up an individual case complaint file.
- G. Criteria the Division of PLACE, in conjunction with DMH Senior Attorney consult, may use for determining whether or not an allegation or charge should be accepted as a formal complaint include, but are not limited to, the following:
  1. Whether or not the person holds a DMH professional credential (unless the complaint concerns the use of a DMH professional credential by a person not holding the claimed credential);
  2. Whether the charge, if true, would constitute a violation of the *DMH Principles of Ethical and Professional Conduct* and corresponding “Grounds for Disciplinary Action,” the promulgated DMH professional credentialing *Rules and Requirements* and/or any other applicable federal or state laws or statutes which govern DMH-credentialed individuals;
  3. Whether passage of time since the alleged ethical violation requires that the charge be excluded;
  4. Whether sufficient, reliable proof of the charge is available;

5. Whether or not the complainant is willing to provide proof or other required information/documentation; and,
  6. Whether or not the charge appears to be sustainable considering the proof available.
- H. Complaints lodged with insufficient information may be unable to be addressed by the Review Board.
- I. The Division of PLACE shall notify the DMH-credentialed individual that a complaint has been filed against him/her and that he/she is under investigation. Notice of the filed complaint shall be given within a reasonable amount of time from the date of receipt of the complaint, not to exceed 120 calendar days. The Division shall notify the DMH-credentialed individual of the allegation(s) and corresponding *DMH Principles of Ethical and Professional Conduct*, appropriate statutes, and/or *Rules and Requirements* violations. Once the DMH-credentialed individual receives the letter from the Division of PLACE, the DMH-credentialed individual will have 10 days to respond to the allegation(s). The DMH-credentialed individual may request an extension of up to 30 calendar days to respond to the complaint. Extensions will be granted on a case-by-case basis. Justification for additional time is determined by the Division of PLACE. All communications should be sent to the Division of PLACE and copied to the DMH Senior Attorney.
- J. Substantial, jurisdictionally-appropriate formal complaints will be evaluated by the PLACE Review Board, with consult, as needed, with the DMH Senior Attorney.
- K. The Mississippi Department of Mental Health and/or the PLACE Review Board may bring a complaint upon its own motion if it can be substantiated as a complaint.
- L. A copy of all substantive communications pertaining to complaints/investigations will be forwarded to the DMH Senior Attorney. The Review Board, with DMH Senior Attorney consult, as needed, will determine the necessity of a disciplinary hearing.
- M. Depending on the nature of the submitted complaint, information may be shared, as needed, with other pertinent offices/divisions/bureaus within the Mississippi Department of Mental Health.

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# DMH PLACE Professional Credentialing Complaint Form

*This is the official form for filing a complaint with the Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE).*

**Directions:** The individual lodging the complaint is referred to as the “complainant.” This form is to be completed by the complainant. The complainant should fill in every blank (even if the response is “Not Applicable”) and/or check the appropriate boxes. The form must be completed according to the form’s instructions and must be returned **sworn and notarized** to the Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE). The complainant is responsible for completing the form according to the instructions and returning the form to the DMH Division of PLACE.

**Complainant’s Name & Contact Information**  
*(The “complainant” is the individual who is completing the form and lodging the complaint.)*

**COMPLAINT NAME & CONTACT INFORMATION:**

<b>Complainant Name</b> <i>(The complainant is the individual who is completing the form and lodging the complaint.)</i>	First Name:	Middle Name:	Last Name:
<b>Complaint Mailing Address</b>	Street Address or P.O. Box:		
City, State, Zip	City:	State:	Zip:
<b>Complainant Telephone Numbers &amp; Email Address</b>	Home or Work Number:	Cell Number:	Email Address:

**Complaint Information – Part A**  
*(In this section, provide as much information as possible regarding the individual on whom you are filing the complaint.)*

**INDIVIDUAL ON WHOM YOU ARE FILING THE COMPLAINT:**

<b>Name of the individual on whom you are filing the complaint</b>	First Name:	Middle Name:	Last Name:
<b>Address (if known) of individual on whom you are filing the complaint (Physical) Street Address</b>	Street Address:		
City, State, Zip	City:	State:	Zip:
<b>Telephone Numbers/Email Address (if known) of the individual on whom you are filing the complaint</b>	Home or Work Number:	Cell Number:	Email Address:
<b>Place of Employment (if known) of the individual on whom you are filing the complaint</b>	Agency/Organization Name:		
<b>Does this individual currently hold (or has he/she ever held) any Mississippi Department of Mental Health (DMH) professional credential?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
<b>If “yes,” please list the type(s) of Mississippi Department of Mental Health (DMH) Professional Credential(s) held, along with the credential expiration date(s) (if known)</b>	<b>Credential Type(s)</b>	<b>Expiration Date(s)</b>	

## Complaint Information – Part B

**Directions for this Section:** Provide a detailed summary of the complaint along with any disposition or attempts at settlement of the complaint, as applicable. The details of the complaint should be clearly and thoroughly stated. Please note that, as outlined in the current *DMH PLACE Professional Credentialing Rules and Requirements* document, “the complaint should include the charges set forth with such clarity as to inform the [DMH] Division [of PLACE], the PLACE Review Board and the...individual of the issue involved.” Also, “complaints lodged with insufficient information may be unable to be addressed...”

**COMPLAINT SUMMARY (Please be as specific as possible.)** Please provide here a detailed summary of the complaint (Supporting information should be attached and included with this form.)

List the date(s) on which the alleged complaint/event(s) occurred:

Does the complaint involve services received by you, a family member, or an acquaintance at a program which is certified, funded and/or operated by the Mississippi Department of Mental Health?

YES                       NO                       UNKNOWN

If “yes,” please list the name of the organization/agency:

To your knowledge, has there been any disposition or attempt at settlement of the above-described complaint?

YES                       NO                       UNKNOWN

If “yes,” please list here a description of the disposition of the complaint and/or any attempts at settlement.

### **Witnesses: List here the Names & Contact Information of any witnesses:**

(Provide as much information as possible)

Name:	Telephone Number:	Email:	Address:
Name:	Telephone Number:	Email:	Address:
Name:	Telephone Number:	Email:	Address:

**Consent to Testify**

As the complainant, I, \_\_\_\_\_, hereby consent to appear before the Mississippi Department of Mental Health (DMH) and the DMH Professional Licensure and Certification (PLACE) Review Board to testify to the complainant allegations. I understand that all disciplinary hearing proceedings are matters of public record and shall be preserved pursuant to state law and that the final disposition of any disciplinary hearing will be recorded in DMH PLACE Review Board minutes.

**Authority to Obtain/Release Information**

As the complainant, I, \_\_\_\_\_, hereby authorize the Mississippi Department of Mental Health (DMH) and the DMH Professional Licensure and Certification (PLACE) Review Board to talk to anyone who can provide information pertaining to my complaint and to access and review any and all information regarding me and services I received, as applicable.

**FORM MUST BE NOTARIZED BELOW:**

**AFFIDAVIT**

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

On this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared,

Mr./Ms./Dr. \_\_\_\_\_

Known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same as for the purposes therein contained.

\_\_\_\_\_  
**Signature of Person Completing the Form**

\_\_\_\_\_  
**Signature of Notary Public**

**My commission expires on** \_\_\_\_\_.

**Official Seal**