

# **ETHICAL COMPLAINT FORM**

**Addiction Professionals Certification Board, Inc.**

3/2005

**CERTIFIED COUNSELOR COMPLAINT FORM**

This form is to be completed by any person registering a complaint with the Addiction Professional Certification Board concerning a Certified Counselor or a person applying for certification.

**PART I**

1. Name of person registering complaint:

Last Name	First Name	M.I.
Street Address		
City	State	Zip
Daytime Phone #		

2. Give the name of the Certified Counselor or applicant against whom the complaint is being filed.

Last Name	First Name	M.I.
Street Address		
City	State	Zip

Credential Held (if known)

<u>CPS</u>	<u>CCS</u>	<u>CCM</u>
<u>CDA</u>	<u>CTTS</u>	
<u>CMS</u>	<u>CPAS</u>	
<u>CJC</u>	<u>ADS</u>	



**PART III**

1. In order to determine if you have registered a complaint in a timely manner, the following information is requested:
  - a. On what date(s) did the action or complaint occur?\_\_\_\_\_
  - b. When were you first aware of the matter about which you are complaining?  
\_\_\_\_\_
  - c. What is the most recent date of which you know of the alleged conduct prompting the complaint:\_\_\_\_\_

**PART IV**

1. please answer the following questions:
  - a. Do you know of any others who have knowledge of the alleged conduct:  
[ ] yes [ ] no
  - b. If three persons or less, please provide the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

- c. Has the person against whom the complaint is being filed given you any explanation for such alleged conduct? [ ] yes [ ] no If yes, please state all such explanations:

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d. How do you view the explanations given to you?

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**PART V**

1. Have you filed this complaint with any Federal, State or Local Government Agency?  yes  no If yes, please list the name of the agency and the address:

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2. Have you pursued resolution of your complaint through any internal grievance procedures of an institution or agency?  yes  no If yes, what is the status of your complaint and the name of the grievance procedure?

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3. Have you commenced civil or administrative action or proceeding in the Federal Courts based on this complaint?  yes  no If yes, what is the status?

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**PART VI**

In the event the Certification Board is unable to locate you to discuss this complaint, please provide the following information concerning a person who knows where to contact you:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

I understand that the person against whom the complaint is being filed shall be informed of this formal complaint process and shall be given the opportunity to submit rebuttal information and/or materials concerning the complaint.

I have filled out the Certification Complaint Form to the best of my knowledge and am willing to participate in a full investigation of all allegations noted in the complaint.

I, (print name) \_\_\_\_\_, swear that the information contained herein enclosed herewith is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_