

ETHICAL COMPLAINT FORM

Pennsylvania Certification Board 298 S. Progress Avenue Harrisburg, PA 17109 717.540.4455 717.540.4458 – fax www.pacertboard.org info@pacertboard.org This form is to be completed by any person/agency/organization registering a complaint with the PA Certification Board concerning a certified addiction professional or an applicant for certification.

PART I

1. Name of person regi	stering complaint:		
Last Name		First Name	MI
Street Address			
City		State	Zip
Daytime Phone #		Email	
2. Give the name of the whom the complain		n professional or applicant d:	for certification agains
Last Name		First Name	MI
Street Address			
City		State	Zip
Daytime Phone #			
3. Credential held by ce	ertified addiction p	rofessional, if known:	
□ CADC	\square CAAC	□ CPS	
☐ CAADC			
\square CCDP Diplomate	\square CAAP		
□ CRS	\Box CDCORP		

4. Nature of complaint (check all that apply):
Improper treatment practices
Discriminatory practices
Violation(s) of the PCB Code of Ethical Conduct
Violation(s) of applicable Federal or State Law
PART II
Please describe in as specific detail as possible the facts, circumstances, situations and allegations concerning the complaint. Additional pages may be added if necessary.

Submit any written materials, data, or other documents that you think would be relevant to your complaint.

PART III

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 acti	on or complaint occur?					
b. When were you first aware of the matter about which you are complaining?						
PART IV						
If you know of others who have information about them: (OPTI	e knowledge of the alleged conduct, p IONAL)	lease provide the following				
Last Name	First Name	MI				
Address						
City	State	Zip				
Daytime Phone #	Email					
Last Name	First Name	MI				
Address						
City	State	Zip				
Daytime Phone #	 Email					

alleged conduct? If yes, please state all such explanations:
How do you view the explanation(s) given to you?
PART V
Have you filed this complaint with any Federal, State or Local government agency? If yes, please list the name of the agency and date filed?
Have you pursued resolution of your complaint through any internal grievance procedures of a institution or agency? If yes, what is the status of your complaint?

PART VI

I understand that the person against whom the complaint is being registered 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 PCB Complaint Form to the best of my knowledge and am willing to participate in a full investigation of all allegations noted in the complaint.

orint name)				
swear that the information contained herein is true and correct.				
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nature				
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Please make a copy of this entire document for your records and mail the original document, along with any attachments, to:

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