



ETHICAL COMPLAINT FORM

Delaware Certification Board
298 S. Progress Avenue
Harrisburg, PA 17109
717.540.4456
717.540.4458 – fax

www.delawarecertificationboard.org
info@delawarecertificationboard.org

This form is to be completed by any person/agency/organization registering a complaint with the Delaware Certification Board concerning a certified addiction professional or an applicant for certification.

PART I

1. Name of person registering complaint:

Last Name	First Name	MI
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Street Address

City	State	Zip
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Daytime Phone #	Email
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2. Give the name of the certified addiction professional or applicant for certification against whom the complaint is being registered:

Last Name	First Name	MI
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Street Address

City	State	Zip
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Daytime Phone #

3. Credential held by certified addiction professional, if known:

- CADC CRC
- CCDP
- CCDP Diplomate
- CCS
- CPS

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 action 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 knowledge of the alleged conduct, please provide the following information about them: (OPTIONAL)

Last Name

First Name

MI

Address

City

State

Zip

Daytime Phone #

Email

Last Name

First Name

MI

Address

City

State

Zip

Daytime Phone #

Email

Has the person against whom the complaint is being filed given you any explanation for such 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 an 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 DCB 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 is true and correct.

Signature

Date

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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