



# DELAWARE CERTIFICATION BOARD

## ETHICAL COMPLAINT FORM

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

### PART 1

1. Name of person filing complaint:

---

|           |            |    |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

---

Agency Name, if applicable

---

Street Address

---

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

---

|         |       |
|---------|-------|
| Phone # | Email |
|---------|-------|

2. Name of the certified professional or applicant for certification against whom the complaint is being filed:

---

|           |            |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

---

Street Address

---

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

---

Phone #





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 6**

Have you filed this complaint with any governing agency or organization? 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 7**

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

In filing an ethics complaint, the Executive Director may, at their discretion, proceed with an investigation even if the complainant subsequently requests that the complaint be withdrawn.

I have completed 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)

---

attest that the information contained herein is true and correct.

---

Signature

---

Date

Please make a copy of this entire document and any attachments for your records. Complaints may be mailed, faxed, or emailed to DCB as follows (**choose only one method below**):

Delaware Certification Board  
298 S. Progress Avenue  
Harrisburg, PA 17109

717.540.4458 – fax  
[info@decertboard.org](mailto:info@decertboard.org) - email