



Instructions for Filing an Ethics Complaint

The Ethics Complaint Form begins on page 2.

1. The “Complainant” is the person filing this form against a person they believe has breached the ICCE code of ethics. Fill out the “*Complainant*” section with your information. Include your position and/or relationship if relevant to your knowledge of the behavior.
2. The “Respondent” is the person believed to have breached the code of ethics. Fill out the “*Respondent*” section with the information of the person you are filing a complaint against.
3. Fill out the “*Witness*” sections with the information of any and all persons who are aware of the behavior about which you are filing a complaint (*attach additional sheets if necessary*). Include their position and/or relationship if relevant to their knowledge of the behavior.
4. Sign and date. The complaint cannot be presented to the Ethics Committee without a signed and dated complaint.
5. Please list each Ethical Guideline that you allege has been violated and, in as few words as possible, describe the behavior you believe violated that Guideline (*attach additional sheets if necessary*).
6. When you are finished listing and describing each alleged ethics violation, attach any and all evidence you have to present to confirm your allegations (*witness testimony must be notarized*).
7. Once you have attached all your evidence, scan and email mark the subject line “Confidential” and email to Becky.Vaughn@ColomboPlan.org
8. You will receive a confirmation of receipt. Wait for additional notification and/or instruction from the Ethics Committees.



GCCC Ethics Complaint Form

This form is used to submit a complaint with the ICCE Ethics Committee against an addiction professional for violating the ICCE Code of Ethics. Please type or print neatly and COMPLETE BOTH PAGES of this form.

I, the undersigned (the *Complainant*), wish to file a complaint with the ICCE Ethics Committee regarding conduct by an addiction professional (the *Respondent*), which I believe violates the ICCE Code of Ethics.

1. Complainant's Full Name: _____

Relevant position/relationship providing knowledge of the conduct: _____

Full Address: _____

Phone: W: _____ H: _____ Cell: _____ Email: _____

2. Respondent's Full Name: _____

Full Address: _____

Phone: W: _____ H: _____ Cell: _____ Email: _____

Other persons who have knowledge of the subject matter of this complaint who could offer evidence regarding the allegations contained herein (attach additional pages with the same information if necessary).

3. Witness 1's Full Name: _____

Relevant position/relationship providing knowledge of the conduct: _____

Full Address: _____

Phone: W: _____ H: _____ Cell: _____ Email: _____

Witness 2's Full Name: _____

Relevant position/relationship providing knowledge of the conduct: _____

Full Address: _____

Phone: W: _____ H: _____ Cell: _____ Email: _____

By affixing my signature hereto, I consent to release all information necessary to investigate this complaint. I also acknowledge that I have read and agree to abide by the Instructions for Filing Ethics Complaints and the Procedures for Adjudicating Ethics Complaints.

4. *Your Signature:* _____ *Date:* _____

5. Please list the Ethical Guideline(s) that were violated and how they were violated.

Code of Ethics: Treatment ___ Recovery ___ Prevention ___ Guideline(s) _____

Describe the behavior that violates the Ethical Guideline(s):

6. Add additional sheets as necessary and attach all pertinent documentation that supports the allegation(s).

7. Email this completed form and documentation to:

Becky.Vaughn@ColomboPlan.org (Please put "Confidential" in the subject line)