

**ETHICS COMPLAINT ADMINISTRATIVE SCREENING<sup>1</sup>**

**COMPLAINANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**RESPONDENT:**

Name \_\_\_\_\_

Address if known<sup>2</sup> \_\_\_\_\_

Phone Number, if known \_\_\_\_\_

Email Address, if known \_\_\_\_\_

**CERTIFICATION:**

Is Respondent is certified? \_\_\_\_\_

If Respondent is not certified, is Respondent an applicant for certification? \_\_\_\_\_

**DATE(S) OF ALLEGED VIOLATION<sup>3</sup>:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Form must be completed by Executive Director or President of the Board, unless both have conflicts of interest. If conflicts, then the Ethics Chair will complete the form.

<sup>2</sup> If not known, please get address/phone number/email from directory but check with Complainant for this information in the event his/her information is more current.

<sup>3</sup> If more than one date, provide first date of alleged occurrence and last date of alleged occurrence.

**OTHER LICENSING BODIES:**

Has alleged violation(s) been reported to licensing body (i.e., formal complaint) or a subject of a civil lawsuit or criminal complaint?

\_\_\_\_\_

If yes, please list licensing body and/or courts and date of complaint. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is status of complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information Provided to ; \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date Information Provided: \_\_\_\_\_

Sent to Ethics Chair on: \_\_\_\_\_