Alaska Commission for Behavioral Health Certification

Ethics Violation Complaint

I, ________________________________, want the Alaska Commission for Behavioral Health Certification to investigate the following:

Name of Counselor: ________________________________________________________________

Date(s) of Event or incident: _______________________________________________________

What happened: ___________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Other witness to this: ______________________________________________________________

What I want the Commission to do: _________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Signature: ___________________________ Date: ________________________________

Printed Name: ____________________________________________________________________

Please send this form to ACBHC at:

ACBHC
P.O. Box 220109
Anchorage, AK 99522-0109
Alaska Commission for Behavioral Health Certification

Ethics Violation Complaint

My name (circle one) may or may not be used as the source of the complaint.

The following information is needed only to allow ACBHC to follow-up on this complaint:

Address:________________________________________________________________________

City/State/ZIP:___________________________________________________________________

E-mail:________________________________________________________________________

Telephone (day) ________________ (evening) __________________________

Thank you for your assistance in helping to maintain a high ethical standard of practice for chemical dependency professionals in Alaska. Please contact ACBHC if you have any questions or concerns about the complaint and investigation process.

Please send this form to ACBHC at:
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P.O. Box 220109
Anchorage, AK 99522-0109