

# Instructions for Filing an ACBHC-Approved NAADAC/NCC AP & Peer Support Ethics Complaint Form

The “Complainant” is the person filing this form against a person you believe has breached the code of ethics.

The “Respondent” is the person you are filing an ethics complaint and attaching information to evidence the breach of the code of ethics.

1. On front page, fill out the “*Complainant*” section with your information.
2. On front page, fill out the “*Respondent*” section with the information of the person you are filing a complaint against.
3. On front page, 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*).
4. Read the *ACBHC NAADAC/NCC AP Ethics & Peer Support Ethics Complaint Flow Chart* **and** *Ethics & Peer Support Ethics Complaint Expectations* available at <https://akcertification.org>
5. Please sign and date bottom of the front page.
6. On back page or page 2 (if online), please list each Ethical Principle and Section of the ACBHC-Approved NAADAC/NCC AP Ethics or the Peer Support Ethics that you allege has been violated and, in as few words as possible, describe the behavior you believe has violated that Section - one per space (*attach additional sheets as necessary*).
7. 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*).
8. Once you have attached all your evidence, place it in a large envelope with the *Ethics Complaint Form*, mark it “Confidential”, and address it to:

ACBHC Ethics Committee Chair, P.O. Box 220109,  
Anchorage, AK 99522-0109

9. Wait for additional notification and/or instruction from the ACBHC Ethics Committee.

# ACBHC-Approved NAADAC/NCC AP & Peer Support Ethics Complaint Form

This form is to be used only to submit a complaint to the ACBHC Ethics Committee against an addiction/mental health professional for violating the ACBHC-Approved NAADAC/NCC AP Code of Ethics. Please type or print neatly and COMPLETE BOTH PAGES of this form.

I, the undersigned (hereinafter, the *Complainant*), wish to file a complaint with the ACBHC Ethics Committee for conduct by an addiction/mental health professional (hereinafter, the *Respondent*), which I believe violates the ACBHC-Approved NAADAC Code of Ethics or Peer Support Code of Ethics.

**Complainant's Full Name:** \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: W: \_\_\_\_\_ H: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**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 in support of the allegations contained herein (attach additional pages with the same information if necessary).

**Witness 1's Full Name:** \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: W: \_\_\_\_\_ H: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Witness 2's Full Name:** \_\_\_\_\_

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. The Complaint **will not** be processed without your signature.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: If the respondent is certified through ACBHC this complaint will be forwarded to the ACBHC Ethics Committee, and appropriate Procedures will be followed.

Please list the Ethical Principles, Standards, Sections, and Subsections that were violated and how they were violated.

Principle \_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Principle \_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Principle \_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Add additional sheets as necessary and attach all pertinent documentation to support the allegation(s).

Send completed form to:                   ACBHC Ethics Committee Chair, P.O. Box 220109,  
Anchorage, AK 99522