

**TO: THE ETHICS COMMITTEE
NORTH CAROLINA SUBSTANCE ABUSE PROFESSIONAL PRACTICE BOARD
POST OFFICE BOX 10126
RALEIGH, NC 27605**

I, the undersigned, hereby complain against _____
FULL NAME

FULL ADDRESS CITY STATE ZIP

a registered, certified or licensed substance abuse professional of _____ County. I agree to cooperate by furnishing representatives of the North Carolina Substance Abuse Professional Practice Board all pertinent information and records in my possession concerning the alleged misconduct of said professional. I further agree that if a hearing or inquiry is ordered concerning the alleged misconduct of said professional, then I will furnish evidence concerning the facts by submitting to depositions or personal attendance at that hearing or inquiry. I understand that the costs of my appearance in furnishing said evidence may be taxed against me in the event my attendance must be compelled because of my failure to cooperate with either the North Carolina Substance Abuse Professional Practice Board or its Ethics Committee.

I hereby indicate that this information is provided and transmitted by me to the North Carolina Substance Abuse Professional Practice Board for the purpose of investigating the alleged misconduct of the above named professional. I understand that I may reveal this information to a privately-retained attorney to pursue remedies on my behalf.

I also understand that the North Carolina Substance Abuse Professional Practice Board may reveal this information to the accused professional for his or her response to a formal inquiry and to others pursuant only to the Rules of the North Carolina Substance Abuse Professional Practice Board. Additionally this information may become public only upon the direction of the North Carolina Substance Abuse Professional Practice Board, pursuant to its policies and procedures.

This the _____ day of _____, 20_____.

Signature of Complainant

Name of Complainant (Please Print)

Street Address

City, State and ZIP

Home Telephone

Office Telephone

Email Address

In the space provided state in full all true facts upon which the complaint is based, including names, dates, places and any other information. If necessary, use additional sheets. Please attach copies of any correspondence or other documents which support your complaint.

AFFIDAVIT

In support of said complaint, the above signed complainant being duly sworn, state that the following are the true facts concerning the complaint to his or her own personal knowledge.

This the _____ day of _____, 20_____.

Signature of Affiant

Signed and sworn by me this

the _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

NCSAPPB ETHICS COMPLAINT FORM

I. COMPLAINANT (PLEASE PRINT)

II.

A. NAME: _____

B. ADDRESS: _____

C. CITY, STATE, ZIP _____

D. HOME TELEPHONE: _____

E. WORK TELEPHONE: _____

F. EMAIL ADDRESS: _____

III. RESPONDENT

A. NAME: _____

B. ADDRESS? _____

C. CITY, STATE, ZIP _____

D. HOME TELEPHONE: _____

E. WORK TELEPHONE: _____

F. EMAIL ADDRESS: _____

IV. STATEMENT OF FACTS (CLEAR AND ACCURATE DESCRIPTION OF CHARGES AGAINST PERSON – USE PREVIOUS PAGE AND ATTACH ADDITIONAL PAGES IF NECESSARY).

V. SIGNATURE OF COMPLAINANT: _____

DATE: _____

RELEASE OF INFORMATION

I, _____, do hereby authorize the release of my name when and where appropriate to proceed with the investigation of complaint:

EC- _____ - _____

which I have filed with the North Carolina Substance Abuse Professional Practice Board, naming

_____ as respondent(s).

This, the _____ day of _____, 20_____.

Signature of Complainant