

Addiction Counselor Certification Board of California Ethics Complaint Form

This complaint form may be used to report a suspected violation of the California Uniform Code of Conduct for AOD Counselors or the ACCBC Code of Ethics.

If you are a registrant, certified counselor, or an employee of a State licensed treatment facility then you must file a report of the suspected violation to the California State Department of Health Care Services (DHCS), as per State regulations (Section 13065). You can contact DHCS to file a complaint by calling (877) 685-8333 or by filling out the form on the DHCS website: <http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>. AOD programs must notify DHCS within 24 hours per California Code of Regulations (CCR) Title 9, Chapter 8, Subchapter 3, Section 13065(a). You must also report the violation within 72 hours to the ACCBC using this form.

Have you filed a complaint with DHCS? Yes No (please do not proceed unless you have done so.)

Your Name _____ Your credentials: _____

AOD Program Name: _____

Would you like the ACCBC to keep your name confidential to the extent permitted by law?

Yes No

Your complaint will NOT be processed unless responses are made to each of the following. The ACCBC does NOT process anonymous complaints.

Your Mailing address: _____

Your Contact info:

Email: _____ Phone: _____

Name of person you believe made the violation(s) (include credential name and number and title if any):

Is this person registered with or certified by the ACCBC? Yes No Not sure

Date(s) when the violation occurred: _____

Where did the violation(s) occur? _____

Did you personally witness the violation(s)? Yes No

Are you able to contact any possible victims? Yes No

Please describe the incident/violation(s) in detail to the best of your ability and submit any supporting documentation along with this complaint form. By submitting this document, you agree to be contacted by the ACCBC ethics committee for additional information and clarifications.

