

## Addiction Counselor Certification Board of California (ACCBC) Consumer Grievance Policy

If you have a grievance (complaint) about the ACCBC, its operations, its policies or procedures or any aspect of your experience with this organization, please go to the ACCBC website (<a href="https://www.accbc.org/stats-info/form-library/">https://www.accbc.org/stats-info/form-library/</a>) and fill out the online grievance form; or you can download a copy of the form from the website and mail it to the ACCBC; or you can call the ACCBC and ask to have a copy of the form mailed to you. Once received, we will notify you within fifteen (15) business days that your grievance has been received, processed and forwarded to the review committee. By signing this form, you agree to cooperate with the review committee during their review and any investigation.

Please address all hardcopy mail to:

**ACCBC** 

Attn: Grievance Review 5230 Clark Ave Suite #1 Lakewood, CA 90712

The California Department of Health Care Services (DHCS) has oversight of all Department-approved certifying organizations in the state. Here is the contact information for filing a complaint directly with DHCS.

Website: https://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertification.aspx

Email: DHCSCOCOMPLAINT@dhcs.ca.gov

## **Important Note:**

- 1. This policy does not cover ethics complaints against counselors or AOD facilities (see ethics complaint page at www.accbc.org)
- 2. This policy does not cover complaints about the CATC exam or testing (see CATC Candidate Handbook for this policy at www.accbc.org)



## **ACCBC Consumer Grievance Form**

Use this form if you have a grievance or complaint related to the ACCBC and its operations. This form is not for filing an ethics complaint related to counselors or AOD facilities (please refer to the ACCBC website: <a href="https://www.accbc.org/ethics/">https://www.accbc.org/ethics/</a> for complaints regarding ethics violations).

Name of person filing grievance:	
Date	
Telephone Number:	
Email address:	
Mailing Address:	
Nature of complaint:	B(_
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Addiction Counselor	Cerujicanon
Board of Cali	fornia
(add additional pages if necessary)	
Signature of	
complainant:	Date

By signing this form you agree to be contacted by the review committee and cooperate with their review if necessary.



## **ACCBC Consumer Grievance Form**

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