

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 must also report the violation within 72 hours to the ACCBC using this form. 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

Have you filed a complaint with DHCS? done so.)	Yes	No (please of	o not proceed	unless you have
r NameYour credentials:				
Would you like the ACCBC to keep your naNo	ame confidenti	al to the extent p	ermitted by lav	v?Yes
Your complaint will NOT be processed unled does NOT process anonymous complaints.	ess responses a	re made to each	of the following	g. The ACCBC
Your Mailing address:				
Your Contact info: Email:]	Phone:		
Name of person you believe made the violar	tion(s) (include	e credential name	and number a	nd 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	s?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.

Please attach additional pages if necessary.
I certify that the above stated information is true and factual and supported by verifiable evidence of the reported violation(s) and that all of the information included in this report is accurate.
Print Name:
Signature: Date:
Please mail, fax or email this form and supporting documentation to:

Addiction Counselor Certification Board of California

Attention: Ethics and Review

5230 Clark Ave, Suite #1, Lakewood, CA, 90712

Ph: (800) 991-2997 Fax: 562-275-3150

Email: office@accbc.org Website: www.accbc.org