

ACBHC Ethics Complaint Form

Alaska Commission for Behavioral Health Certification

Prefer to submit online? Visit akcertification.org/ethics.

To mail this form instead, send the completed form to:

ACBHC · P.O. Box 220109 · Anchorage, AK 99522

Your Information (Complainant)

Full Name: _____

Email Address: _____ Phone: _____

Full Address: _____

Person You're Filing Against (Respondent)

Full Name: _____

Email Address (if known): _____ Phone (if known): _____

Full Address (if known): _____

Witnesses (optional — up to 2)

Anyone with direct knowledge of the behavior you're reporting.

Witness 1

Full Name: _____

Phone: _____ Email: _____

Full Address: _____

Witness 2

Full Name: _____

Phone: _____ Email: _____

Full Address: _____

Alleged Ethical Violations

List each Ethical Principle and Section you believe was violated, and describe the behavior in question.
(Attach additional pages if you need to describe more than 3 violations.)

Violation 1

Principle: _____ Section: _____

Description: _____

Violation 2

Principle: _____ Section: _____

Description: _____

Violation 3

Principle: _____ Section: _____

Description: _____

Consent & Signature

I consent to release all information necessary to investigate this complaint. I acknowledge that I have read and agree to abide by the Instructions for Filing Ethics Complaints and the Procedures for Adjudicating Ethics Complaints.

Signature: _____ Date: _____
(form not complete without signature)

Print Name: _____