



**Ohio Chemical Dependency Professionals Board**  
**37 West Broad Street, Suite 785**  
**Columbus, OH 43215**

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## ETHICS COMPLAINT FORM

This form is to be used to file an ethics complaint against a Chemical Dependency Counselor (CDCA, LCDC II, LCDC III or LICDC) or a Prevention Specialist (RA, OCPS I or OCPS II). Including your name, address and phone number is optional. However, it is necessary if you wish to be notified regarding the progress of this complaint.

**COMPLAINANT:**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**CHEMICAL DEPENDENCY PROFESSIONAL:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please describe the conduct or behavior which is the basis for your complaint. Please include the dates the conduct occurred and any other pertinent facts. Please provide as much detail as possible. Attach additional sheets as necessary.



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Please list other persons who might have information pertinent to your complaint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_