



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

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## ETHICS COMPLAINT RESPONSE FORM

This form is to be used by a Chemical Dependency Counselor (CDCA, LCDC II, LCDC III or LICDC) or a Prevention Specialist (RA, OCPS I or OCPS II) who has had an ethics complaint filed against him or her.

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

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

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

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

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

Supervisor: \_\_\_\_\_

NOTE: ATTACHED YOU WILL FIND A COPY OF THE COMPLAINT FILED AGAINST YOU.

Please respond to the allegations which are the basis of the complaint. Attach additional sheets as necessary.



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Please list other persons who might have information to support your response:

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

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

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

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

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

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

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

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

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