



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

614-387-1110 phone (614) 387-1109 fax

www.ocdp.ohio.gov

credentialing@ocdp.state.oh.us

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.

OCDP Board - ETHICS COMPLAINT FORM - PAGE 3

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

Name: _____

Address: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Your Signature: _____

Date: _____