



ETHICAL COMPLAINT FORM

This form is to be completed by any person/agency/organization registering a complaint with the VA Certification Board concerning a certified professional or an applicant for certification.

PART I

1. Name of person registering complaint:

| | | |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

Street Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | |
|-----------------|-------|
| Daytime Phone # | Email |
|-----------------|-------|

2. Give the name of the certified professional or applicant for certification against whom the complaint is being registered:

| | | |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

Street Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

Daytime Phone #

3. Credential held by certified professional, if known:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> CADAC | <input type="checkbox"/> CPRS |
| <input type="checkbox"/> CAADC | <input type="checkbox"/> CCHW |
| <input type="checkbox"/> CCDP | <input type="checkbox"/> State-Certified Doula |
| <input type="checkbox"/> CPS | |
| <input type="checkbox"/> CCS | |
| <input type="checkbox"/> CCJP | |

PART II

Please describe in as specific detail as possible the facts, circumstances, situations, dates, and allegations concerning the complaint. Additional pages may be added if necessary.

Submit all relevant documents, as attachments, that will support the allegation(s) in your complaint. Complaints submitted as hearsay and without appropriate evidence may be dismissed as unfounded.

PART III

All complaints must be filed within four years from date the offense occurs. To determine if you have registered a complaint in a timely manner, the following information is requested:

a. On what date(s) did the action or complaint occur? _____

b. When were you first aware of the matter about which you are complaining? _____

PART IV

If you know of others who have first-hand knowledge of the alleged conduct, please provide the following information about them:

Last Name First Name MI

Address

City State Zip

Daytime Phone # Email

Last Name First Name MI

Address

City State Zip

Daytime Phone # Email

Has the person against whom the complaint is being filed given you any explanation for such alleged conduct? If yes, please state all such explanations:

How do you view the explanation(s) given to you?

PART V

Have you filed this complaint with any Federal, State or Local government agency? If yes, please list the name of the agency and date filed?

Have you pursued resolution of your complaint through any internal grievance procedures of an institution or agency? If yes, what is the status of your complaint?

PART VI

I understand that the person against whom the complaint is being registered shall be informed of this formal complaint process and shall be given the opportunity to submit rebuttal information and/or materials concerning the complaint.

I have filled out the VCB Complaint Form to the best of my knowledge and am willing to participate in a full investigation of all allegations noted in the complaint.

I, (print name) _____
attest that the information contained herein is true and correct.

Signature

Date

Please make a copy of this entire document and any attachments for your records. Complaints may be mailed, faxed or emailed to VCB as follows (**choose only one method below**):

Virginia Certification Board
298 S. Progress Avenue
Harrisburg, PA 17109

717.540.4458 – fax

info@vacertboard.org - email