

COMPLAINT FORM

I, _____, want the Alaska Commission for Behavioral Health Certification to investigate the following:

Name of Counselor: _____

Date(s) of Event or incident: _____

What happened: _____

Other witness to this: _____

What I want the Commission to do: _____

Signature: _____ Date: _____

Printed Name: _____

COMPLAINT FORM
(Continued)

My name (circle one) may or may not be used as the source of the complaint.

The following information is needed only to allow ACBHC to follow-up on this complaint:

Address: _____

City/State/ZIP: _____

E-mail: _____

Telephone (day) _____ (evening) _____

Thank you for your assistance in helping to maintain a high ethical standard of practice for chemical dependency professionals in Alaska. Please contact ACBHC if you have any questions or concerns about the complaint and investigation process.

Approved 7/04