

**CCPDT
1350 Broadway
17th Floor
New York, NY 10018**

Complaint Form

The CCPDT is not a state licensing agency. Our certificants are held to high standards and are expected to comply with our Code of Ethics and Standard of Practices. As part of our mission, we will investigate complaints alleging violations of either of these sets of standards. For more information please see "Instructions For Filing A Complaint With The CCPDT."

Section 1:

Person Filing Complaint:

Your Name (herein referred to as "Complainant"): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Relationship with person against whom complaint is being filed.

Section 2:

Complaint is Filed Against:

Name of Certificant: _____

Address: _____

City: _____ State: _____ Zip: _____

Certification Number (if known): _____

Section 3:

Summary of Complaint:

Please state the facts which make you believe that the individual you have named has committed the violation.

List other persons with knowledge of this event:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

List other agencies that you have submitted a complaint to regarding this incident:

Complainant Signature and Attestation:

By signing this form I acknowledge that I understand that all information, including a copy of this complaint and supporting documentation, will be provided to the CCPDT's Board of Directors and the certificant. I attest that the facts and allegations in this complaint and additional materials are true and correct to the best of my knowledge and belief.

Complainant Signature

Date