CERTIFICANT 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 Practice. As part of our mission, we will investigate complaints alleging violations of either of these sets of standards.

NOTE: Anonymous complaints will not be considered. All fields marked with an * are required.

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: Person Against Whom the Complaint is Filed

Certificant’s Name:* 

Address: 

City: State: Zip: Phone Number: E-Mail: CCPDT Certificate Number (if known):
Section 3: Summary of Complaint
Please state the facts which make you believe that the individual you have named has committed a violation of CCPDT policy:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Attach additional pages/material as needed.

Section 4: Witnesses
Please list any other persons with knowledge of the violation. CCPDT reserves the right to contact any witnesses listed below.

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: ________________________________

Section 5: Additional Organizations and/or Agencies

Please list any other organizations and/or agencies with whom you have filed a formal complaint about this violation of CCPDT policy:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Section 6: 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 any additional materials are true and correct to the best of my knowledge and belief.

Complainant Signature ____________________________________________ Date ___________