



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