

The Center for Credentialing & Education (CCE) requires the submission of a completed Ethics Complaint Statement in order to begin the ethics review process.

DIRECTIONS

1. **Review CCE's *Ethics Case Procedures and Code of Ethics*** in order to understand the organization's policies and procedures. These documents are available through www.cce-global.org/credentialing/ethics.
2. **Complete this form, providing detailed information. This is a fillable form. Download the PDF to complete.** Make sure each section is completed. If the space provided is not sufficient, you may attach additional pages; please make sure any additional pages include your name and the date.
3. **Attach labeled supporting documentation.** Supporting documentation must be copies in final form (e.g., actual documents as they were provided to you, printed versions of communications). You should not make any alterations to submitted documentation. If you need to clarify information provided in the supporting documentation, please include that information on this form.
4. **Send the complete, original Ethics Complaint Statement and supporting documents to:**

Email: ethics@cce-global.org

Note: All emailed documents should be submitted in PDF format.

An Ethics Complaint Statement submitted to CCE in accordance with the steps listed above will be acknowledged by the CCE Ethics Department at the contact information provided. Please make sure that the contact information you provide is current. Notify the Ethics Department via email at ethics@cce-global.org if your contact information changes.

For questions about the process, please contact the CCE Ethics Department at ethics@cce-global.org.

ETHICS COMPLAINT STATEMENT

Part I: Contact Information

Complainant (Individual Submitting This Form)			
Last Name	First Name	Middle Initial	Prefix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Alternate Telephone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

CCE Credential Holder or Candidate			
Last Name	First Name	Middle Initial	Prefix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credential Number (if known)	Telephone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Part II: Complaint Information

If the provided space is not sufficient, additional pages may be attached. Remember to provide all of the requested information. **Each additional page should include your (complainant) name and the date.**

1. Summary and Statement of Facts

Provide a summary and statement of the facts that you believe support the issuance of a formal ethics complaint by CCE. This must include a clear explanation of the counselor's conduct that is believed to be contrary to CCE's policies, including the respective *Code of Ethics*.

2. Applicable Ethics Policy

Specifically identify by number any ethics policies that you believe were violated. Additionally, you must provide in your own words an explanation of how you believe the counselor violated the identified term. Please do not simply copy or quote the referenced policy.

CCE Ethics Policy and Number	Explanation

3. Related Actions

List all actions you have taken with respect to the identified concerns, including any actions filed with state licensure or regulatory boards, professional associations, courts or judicial forums, religious organizations, and employers. Remember to identify supporting documentation in section 5 (page 7) and attach relevant supporting documents.

Action Taken	Detailed Information

4. Complainant-Identified Witnesses and Provided Witness Statements

If you would like CCE to consider statements made by other individuals (other than yourself), provide their name and a few words describing their relationship to the identified complaint matter. *Remember to attach their witness statement (see page 6) as a document to your complaint packet.* You must submit the statement of any individual listed in this section. **All supplied witness statements must include the witness' first and last name, date, physical signature, address, and preferred contact phone number.**

Attachment Identification	Witness First and Last Name	Date	Relationship	Address	Phone Number
4A					
4B					
4C					
4D					
4E					

Complainant-Identified Witness and Provided Witness Statement

All supplied witness statements must include the witness' first and last name, date, physical signature, address, and preferred contact phone number. Provide a few words describing their relationship to the identified complaint matter. Remember to attach this witness statement as a document to your complaint packet. You must submit the statement of any individual listed in section 4 of the Ethics Complaint Statement.

Attachment Identification

Witness First and Last Name

Address

Phone Number

Relationship

Witness Statement

Witness Signature

Date

5. Documents to Be Considered

Please label each document with the corresponding attachment identification and complete the table below with the required information.

Attachment Identification	Document Description (What is it?)	Relationship to Complaint (How is this document relevant to one or more of the directives identified in item 2, above, and how does it support your grievance?)
5A		
5B		
5C		
5D		
5E		
5F		
5G		
5H		
5I		

PART III: DECLARATION

By submitting this Ethics Complaint Statement, I declare that the information provided is accurate to the best of my knowledge. I further believe that the identified CCE Credential Holder or Candidate violated the specified ethics policies. I have read the CCE *Ethics Case Procedures*, and I agree to abide by the conditions and terms of these rules. I understand that the information submitted to CCE concerning this ethics proceeding will be confidential, as specified in the *Ethics Case Procedures*. I also understand that the identified counselor (respondent) may receive a copy of this document, as well as other information that is submitted with regard to the complaint. I authorize the identified counselor, against whom I am making this complaint, permission to release all records relating to the counseling relationship and ability to respond to all questions related to the processing of these concerns.

Complainant Signature

Date