

CONNECTICUT CERTIFICATION BOARD, INC.

CERTIFIED ADDICTION COUNSELOR COMPLAINT FORM

This form is to be filled out by any person registering a complaint with the Connecticut Certification Board, Inc. concerning a Certified Addiction Counselor or a person applying for certification.

Part I

1. Name of person registering complaint (Mr./ Ms.):

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Last	First	Middle
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Address

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City	State	Zip
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Telephone	Home	Business
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2. Give the name of the Certified Substance Abuse Counselor or applicant against whom the complaint is being registered:

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Last	First	Middle
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Business address

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City	State	Zip
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Telephone

3. Nature of complaint (Check each one that is appropriate)



Part III

In order to determine if you have registered a complaint in a timely manner, the following information is requested:

- a. On what date(s) did the action complained of occur? \_\_\_\_\_
  - b. When were you first aware of the matter about which you are complaining? What is the most recent date of which you know of the alleged conduct prompting the complaint?
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Part IV

Please answer the following questions: Do you know of others who have knowledge of the alleged conduct? [ ]Yes [ ]No

Please provide the following information about them:

\_\_\_\_\_  
Last name                      First                                      Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Last name                      First                                      Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_

- a. Has the person against whom the complaint is being filed given you any explanation for such alleged conduct? [ ]Yes [ ]No

If yes, please state all such explanations:

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How do you view the explanations given to you? \_\_\_\_\_

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Part V

1. Have you filed this complaint with any Federal, State, or Local Government agency?  
[ ] Yes [ ] No If yes, name of agency and address:

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Date of filing: \_\_\_\_\_

If not, do you intend to file with another agency? [ ] Yes [ ] No If yes, name of agency and address:

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2. Have you pursued resolution of your complaint through any internal grievance procedures of an institution or agency? [ ] Yes [ ] No If yes, what is the status of your complaint and the name of the grievance procedure?

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3. Have you commenced civil or administrative action or proceeding in the Federal courts based on this complaint? [ ] Yes [ ] No If yes, what is the status \_\_\_\_\_

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Part VI

In the event CCB is unable to locate you to discuss this complaint, please provide the following information concerning a person who knows where to contact you:

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Last name	First	Middle
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Address

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City	State	Zip
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Telephone: \_\_\_\_\_

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I understand that the person against whom the complaint is being registered shall be fully informed concerning this formal complaint process and shall be given the opportunity to submit rebuttal information and/or materials concerning the complaint.

I have filled out this Substance Abuse Counselor Formal Complaint Form to the best of my knowledge and am willing to participate in a full investigation of all allegations noted in the complaint.

I, \_\_\_\_\_, swear that the information contained herein enclosed herewith is true and correct.

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Signature

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Date