

Maine Prevention Certification Board

C/O Adcare Educational, 6 E. Chestnut, Suite 101

Augusta, Maine 04330

Phone: 207.626.3615

Email: info@mainepreventioncertification.org

Ethics Violation Allegation Form

This form must be completed as thoroughly as possible before any ethics violation allegation can be investigated. If you do not complete this form, no action can be taken.

Please note: A copy of this form may be provided to the respondent if deemed necessary by the investigator.

If you do not want a copy of this form given to the respondent, check here: _____

Name _____ Date _____

Address _____

Employer _____

Address _____

Work Phone _____ Home Phone _____

1. Specific Principle(s) and subsections allegedly violated (“Ethics” menu on the MPCB web site):

2. Name of person who is alleged to have violated the above-mentioned ethics principle(s):

Address _____

Employer _____

Address _____

Work Phone _____ Home Phone _____

Your Relationship to this Individual _____

3. Please give a detailed description of the alleged violation(s), including who was involved, what were the specific circumstances, when the alleged violation(s) took place, etc. (attach another sheet if you need more space):

4. Please list the specific people who can corroborate your allegation(s), if any.
(Attach another sheet if you need more space):

Name _____

Address _____

Work Phone _____

Name _____

Address _____

Work Phone _____

Name _____

Address _____

Work Phone _____

5. Will you be willing to attend a hearing on this matter? Yes _____ No _____

If no, why not?

6. Are there any clients/patients (whose confidentiality is protected by Federal Confidentiality laws) who need to be interviewed and/or records accessed in order to properly investigate this allegation? Yes _____ No _____

If yes, is the client willing to sign a release to MPCB? Yes _____ No _____

If yes, please forward a copy of completed release of information.

If the client is not willing to sign a release of information, please explain why not:

In order to effectively investigate your complaint we ask that you include all relevant documentation, records, reports, etc. that will support your allegation and assist us in the investigation of this allegation. By completing and signing below on this form you acknowledge that you are waiving any privilege existing between you and the respondent.

Signature

Date

Return to:

Maine Prevention Certification Board
C/O Adcare Educational Institute of Maine
6 Chestnut St., Suite 101, Augusta, Maine 04330

This form may be emailed to info@mainepreventioncertification.org