

**Maine Prevention Certification Board**

C/O ADEPT 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 ADEPT Educational Institute of Maine

6 Chestnut St., Suite 101, Augusta, Maine 04330

This form may be emailed to [info@mainepreventioncertification.org](mailto:info@mainepreventioncertification.org)