



# Florida Certification Board Ethical Complaint Respondent Process & Form

*Effective date: February 2015*

## **Introduction**

FCB is dedicated to the principle that health and human services professionals must demonstrate the highest standards of ethical conduct and professional practice. To that end, the FCB has adopted a Code of Ethical and Professional Conduct. Agreement to follow the Code of Ethical and Professional Conduct is a requirement of certification. The FCB is committed to investigate and sanction those certified professionals who violate the Code. The most recent version of the FCB Code of Ethical and Professional Conduct and Disciplinary Procedures are maintained and available for download at <http://www.flcertificationboard.org/Ethics.cfm>

## **Responding to a Complaint**

1. The “complainant” is the person filing the complaint. The “respondent” is the person the complaint is against.
2. Responses to ethical complaints must be submitted in writing using this form and under these guidelines:
  - a. Complete all requested fields of information and provide/attach a thorough description of the conduct that serves as your response to the complaint to include the date(s) of the alleged conduct and other facts pertinent to the complaint, such as who, what, where, when, etc. If you have supporting documentation, please attach it to this form.
  - b. **Please be aware that you must maintain client confidentiality when responding to a complaint. The FCB provides a “Release of Information” on our website at <http://flcertificationboard.org/resources/policy-and-procedure/>. This form must be completed by the person(s) who are involved in the complaint yet are also protected under HIPAA or other confidentiality laws. Otherwise, redact identifying information in submitted documentation.**
3. Responses may be mailed, emailed, or faxed to the FCB **within shall be no more than 20 business days from the date of the notice from FCB** as follows:

**Mail:**  
Florida Certification Board  
Attn: Ethics Investigator – Confidential  
1715 S. Gadsden Street  
Tallahassee, Florida 32301

**Email:** [lfarmer@flcertificationboard.org](mailto:lfarmer@flcertificationboard.org)  
**Subject Line:** Ethics Complaint – Confidential  
**Fax:** 850-222-6247  
**Attn:** Ethics Investigator – Confidential

## **Response Receipt and Review and Notice of Outcome**

Please read the full Disciplinary Procedures section of the FCB Code of Ethical and Professional Conduct for details regarding the Investigation Process. In short, at the conclusion of the investigation and hearing, the respondent will be provided with the outcome of the investigation, including sanctions, if any. The respondent has **no more than 10 business days from the date of the notice of outcome from FCB** to file an appeal. Please see the Appeal Unless otherwise provided in the Disciplinary Procedures, all information, notes, reports, transcripts, and any documentation of any kind generated or received during the course of an ethics investigation and/or disciplinary proceedings, including the ethics committee meetings and appeal hearings, shall be kept confidential by the FCB.



# Florida Certification Board Ethical Complaint Response Form

*Effective date: February 2015*

This form is to be used when responding to a complaint alleging a violation of the FCB Code of Ethical and Professional Conduct. Please fill out the form completely and attach any supporting documentation. Submit the completed form and supporting documentation as described on the prior page; however, please do not submit the prior page with your response.

## ***Respondent Contact Information***

Name: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

## ***Employer Contact Information***

Name: \_\_\_\_\_

Credential(s) Held: \_\_\_\_\_

Respondents Employer: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

**Response Details**

1. Please provide a thorough description of your response to the alleged conduct and other facts pertinent to the complaint, such as who, what, where, when, etc. If you have supporting documentation, please attach it to this form.

*If you are completing this form electronically, the “space” will expand to accept your typing.*

*If you are completing this form manually, please attach additional pages if necessary.*

2. Are you/have you attached additional documentation?  Yes  No
3. If “yes” to question #4, does the documentation contain confidential information protected by HIPAA or other confidentiality law?  Yes  No
4. If “yes” to question #5, have you attached a  Release of Information form or  Redacted confidential, identifying information?

**Other Individuals to Contact** Please provide the name and contact information of any other person(s) who may have information relevant to the complaint. The FCB will contact these persons as part of the investigation. Please attach additional pages if necessary.

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Thank you for submitting your response. If you have any questions, please do not hesitate to contact our offices at 850-222-6314 and ask to speak with the FCB’s Ethics Investigator or the Director of Certification.