



Florida Certification Board Ethical Complaint Process & Form

Submit this form and supporting documentation to afarrington@flcertificationboard.org with the subject line: Ethical Complaint.

This is an editable form. Please type. Illegible forms will be returned.

PART 1 – COMPLAINANT INFORMATION

Section 1 – Complainant/Reporter Contact Information.			
Agency Name:			
Last Name:		First Name:	
Phone Number:		Email Address:	
Mailing Address:			
City:		State:	Zip Code:
Section 2 – Respondent/Subject Contact Information.			
Last Name:		First Name:	
Credential(s) Held, if any:			
Respondent's Employer:			
Phone Number:		Email Address:	
Mailing Address:			Work Home
City:		State:	Zip Code:

PART 2 – COMPLAINT DETAILS

Section 1 – Please respond to all questions.	
Did you:	<p>Observe the conduct first hand</p> <p>Hear about the conduct from others</p> <p>Other – please describe how you became aware of the conduct</p> <hr/>



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PART 2 – COMPLAINT DETAILS (Continued)

Section 1 (continued) – Please respond to all questions.											
<p>Has the Inspector General, Internal Affairs Office, Law Enforcement or other authority been notified?</p> <p>Yes (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Inspector General</td> <td style="width: 33%; text-align: center;">Internal Affairs Office</td> </tr> <tr> <td></td> <td style="text-align: center;">Law Enforcement</td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">Other Authority – please specify _____</td> </tr> </table> <p>No</p> <p>I do not know</p>				Inspector General	Internal Affairs Office		Law Enforcement			Other Authority – please specify _____	
	Inspector General	Internal Affairs Office									
	Law Enforcement										
	Other Authority – please specify _____										
Section 2 - Provide a thorough description of the complaint that services as the basis of your 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.											
<p>Have you attached additional documentation to this form:</p> <p>If Yes to the above, does the documentation contain confidential information protected by HIPAA or other confidentiality law:</p> <p>If Yes to the above, have you attached either of the following:</p>	<p>Yes</p> <p>Yes</p>	<p>No</p> <p>No</p>									
<p style="text-align: center;">Authorization to Release Information Form</p>	<p style="text-align: center;">Redacted Confidential, Identifying Information</p>										



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PART 3 – OTHER INDIVIDUALS TO CONTACT

Section 1 – Please provide the contact information of any other person(s) who may have information relevant to the complaint. The FCB will contact these individuals as part of the investigation. Attach additional pages if necessary.

Last Name: _____ **First Name:** _____

Relationship to Complainant: _____

Phone Number: _____ **Email Address:** _____

Last Name: _____ **First Name:** _____

Relationship to Complainant: _____

Phone Number: _____ **Email Address:** _____

Last Name: _____ **First Name:** _____

Relationship to Complainant: _____

Phone Number: _____ **Email Address:** _____

Last Name: _____ **First Name:** _____

Relationship to Complainant: _____

Phone Number: _____ **Email Address:** _____