



Florida Certification Board Ethical Complaint Process & Form

ETHICS POLICY

The Florida Certification Board 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 www.flcertificationboard.org/policy-procedure under Ethics.

FILING A COMPLAINT

1. The “complainant” is the person filing the complaint. The “respondent” is the person the complaint is against. **FCB does not accept anonymous complaints.**
2. Complaints must be submitted in writing using this form and under the following guidelines.
 - a. Complete all requested fields of information and provide/attach a thorough description of the conduct that serves as the basis of your complaint to include 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 to this form.
 - b. **Please be aware that you must maintain client confidentiality when filing a complaint. The FCB provides an *Authorization to Release Information Form* at www.flcertificationboard.org under Policy & 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. Upon completion, please submit the form and supporting documentation directly to the FCB via mail, email or fax.

Mail: Florida Certification Board
Attn: Ethics Investigator - Confidential
1715 South Gadsden Street
Tallahassee FL 32301

Email: Ljones@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Ethics Investigator - Confidential

COMPLAIN RECEIPT, 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. The complainant can expect to receive a written notice within two (2) weeks of receipt of the complaint with FCB’s decision to either open an investigation or dismiss the complaint. At the conclusion of the investigation and hearing, the complainant will be provided with the outcome of the investigation, including sanctions, if any. With the exception of any interview of the complainant by the FCB Ethics Investigator, or as 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 by the FCB.

Please do not submit this instructions page with your completed form. If you have questions, please do not hesitate to contact our office at 850-222-6314 and ask to speak with our Ethics Investigator or Director of Certification.



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All information must be typed. Handwritten forms will be denied.

PART 1 – COMPLAINANT INFORMATION

Section 1 – Complainant Contact Information. Please complete all fields.			
Agency Name:			
Last Name:		First Name:	
Phone Number:		Email Address:	
Mailing Address:			
City:		State:	Zip Code:
Section 2 – Respondent Contact Information. Please complete all fields.			
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%; border: none;"><input type="checkbox"/> Inspector General</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Internal Affairs Office</td> <td style="width: 33%; border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Law Enforcement</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other Authority – please specify _____</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> <p>No</p> <p>I do not know</p>			<input type="checkbox"/> Inspector General	<input type="checkbox"/> Internal Affairs Office		<input type="checkbox"/> Law Enforcement			<input type="checkbox"/> Other Authority – please specify _____		
<input type="checkbox"/> Inspector General	<input type="checkbox"/> Internal Affairs Office										
<input type="checkbox"/> Law Enforcement											
<input type="checkbox"/> 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.											
Have you attached additional documentation to this form:	Yes	No									
If Yes to the above, does the documentation contain confidential information protected by HIPAA or other confidentiality law:	Yes	No									
If Yes to the above, have you attached either of the following:											
Authorization to Release Information Form	Redacted Confidential, Identifying Information										



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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:** _____