



# Florida Certification Board Ethical Complaint 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>

## **Filing a Complaint**

1. The FCB does not accept anonymous complaints.
2. The “complainant” is the person filing the complaint. The “respondent” is the person the complaint is against.
3. 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 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.
  - b. **Please be aware that you must maintain client confidentiality when filing 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.**
4. Complaints may be mailed, emailed, or faxed to the 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

## **Complaint 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, the complainant can expect to receive a written notice, within 2 weeks of receipt of the complaint, of the FCB’s decision to 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 confidential by the FCB.



# Florida Certification Board Ethical Complaint Form

*Effective date: February 2015*

This form is to be used when filing a complaint against an applicant or certified professional for violating 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.

## **Complainant Contact Information**

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

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

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

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

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

## **Respondent Contact Information**

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

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

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

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

Respondents Mailing Address: \_\_\_\_\_  Work  Home

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

## **Complaint Details**

1. Did you:
  - Observe the conduct first hand.
  - Hear about the conduct from others.
  - Other (please describe how you became aware of the conduct): \_\_\_\_\_
2. Has the Inspector General, Internal Affairs Office, Law Enforcement or other authority been notified?
  - Yes (check all that apply):  Inspector General  Internal Affairs Office  
 Law Enforcement  Other Authority (describe): \_\_\_\_\_
  - No
  - I do not know.

**Complaint Details Continued**

3. Please provide a thorough description of the conduct that serves 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.

*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.*

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

**Other Individuals to Contact** Provide the name and contact information of any other person 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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you for submitting this complaint. The FCB's mission of public safety relies in large part on individuals to report allegations of ethical and professional misconduct.

Your complaint will be treated with the utmost confidentiality. You will receive a written notice of our decision to accept or dismiss the complaint within no more than two weeks of receipt of your complaint.

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.