

Ethics Reporting Form

Mail to: Arkansas Substance Abuse Certification Board
Attn: Jason Skinner, ASACB Administrator
Evergreen Place
1100 North University Avenue, Ste. 35
Little Rock, AR. 72207

Complainant Information:

Name: _____ Credentials: _____

Employer: _____ Business Address: _____

Business Phone: _____ Home Phone: _____

Counselor Information:

Name: _____ Credentials: _____

Employer: _____ Home Address: _____

Cell or Home Phone: _____

1. What is your professional and personal relationship to the person you named in this ethics report?

2. Did you observe the conduct firsthand or hear of it through others? _____
If you became aware of the conduct through others, you must include **(a)** notarized affidavits from those persons concerning the alleged conduct, and **(b)** signed releases of information from all persons involved. These releases must be included with your complaint to allow you as the complainant to provide names to the ASACB ethics committee.

3. What are the inclusive dates for this conduct? _____

4. Which Standard of Practice does the conduct violate? **(See Code of Ethics Standards of Practice)** _____

5. In filing this complaint, I agree to come before the Ethics committee in Little Rock to give testimony at such time this action is deemed necessary. My signature below constitutes a formal release of information which I have given to be used in resolving this complaint. This release terminates when the complaint is ultimately resolved.

Signature

Date Signed