



IOWA BOARD
OF CERTIFICATION

Ethics Violation Allegation Worksheet

This completed worksheet is required to be completed as thoroughly as possible before any ethics violation allegation can be investigated.

***Please note:** A copy of this form may be provided to the respondent if deemed necessary by the investigator. **If you do NOT want a copy of this form given to the respondent, initial here:** _____. Please note that even if you initial, your name will still appear as the complainant on the final investigator's report should the case go to hearing.*

Your Name: _____ Email: _____

Address: _____

Employer: _____

Employer Address: _____

Work Phone: _____ Cell Phone: _____

Your Credential/License: _____ Exp Date: _____

Name of person who is alleged to have violated the above-mentioned ethics principle(s):

_____ Email: _____

Home Address: _____

Employer: _____

Employer Address: _____

Work Phone: _____ Cell Phone: _____

Specific Principle(s) and subsections allegedly violated (Code of Ethics can be found on the IBC web site):

Provide a detailed description of the alleged violation(s) below or on a separate page, including who was involved, the specific circumstances, when the alleged violation(s) took place, etc. *Please do not include patient names.*

List any people who have *personal first-hand information* about your allegation(s), if any (attach another sheet for more space):

Name: _____ Email: _____

Address: _____

Work Phone: _____ Cell: _____

Name: _____ Email: _____

Address: _____

Work Phone: _____ Cell: _____

Are there any clients/patients (whose confidentiality is protected by Federal Confidentiality laws) who need to be interviewed and/or records accessed in order to properly investigate this allegation? Yes No

If yes, is the client willing to sign a release to IBC? If yes, please forward a copy of completed release of information. If the client is not willing to sign a release of information, please explain why not:

Have you pursued resolution of your complaint through the agency involved? If yes, what is the status of your complaint?

In order to effectively investigate your complaint we ask that you include with this complaint all relevant documentation, records, reports, etc. that will support your allegation and assist us in the investigation of this allegation.

By completing and signing below on this form you acknowledge:

- *All information contained in the complaint are true and correct*
- *That you are waiving any privilege existing between you and the respondent*
- *That you are willing to participate in IBC's investigation of this complaint*

Signature

Date

Return to:

Iowa Board of Certification
2600 Grand Ave, Suite 114
Des Moines, IA 50312
This form may also be emailed to info@iowabc.org