

Illinois Certification Board, Inc.

Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.

401 E Sangamon Avenue | Springfield, IL 62702

Tel: (217) 698-8110

info@iaodapca.org

ILLINOIS CERTIFICATION BOARD (“ICB”) ETHICS COMPLAINT

Instructions:

- ✓ Please type or clearly print all information
- ✓ Please provide as much information as possible; mark “u/k” for “unknown” and “n/a” for “non-applicable”
- ✓ Please attach any and all supporting documentation
- ✓ Please make sure you sign and/or fill out all the boxes on Page 3 of this Complaint
- ✓ The ICB Code of Ethics and ICB Code of Procedure apply to this Complaint. You can request free copies of these Codes by calling (217) 698-8110, writing to 401 East Sangamon Avenue, Springfield, Illinois 62702 or at www.IAODAPCA.com

SECTION 1: INFORMATION ABOUT THE COUNSELOR (“RESPONDENT”)



Name:	
Business or Clinic Name:	
Business Address:	
Business Telephone:	
Cellular Telephone:	
Email Address:	
Website Address:	
Respondent’s Relationship to Complainant	<input type="checkbox"/> Client <input type="checkbox"/> SUPR <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Executive Director’s Office <input type="checkbox"/> Other (describe):

SECTION 2: INFORMATION ABOUT YOU (“COMPLAINANT”)

Name:		
Certification Information	Are You ICB Certified or Credentialed?	If “yes,” what is your Certification or Credential?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Representative Information:	Filing on Behalf of Another?	If “yes”, name of person and your relationship to him or her
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		
Home or Business Telephone:		
Cellular Telephone:		
Email Address:		

As the Complainant named in Section 2 above, I hereby sign this Complaint and in doing so:

1. I declare under penalty of perjury that the above statements are true and accurate. I hereby authorize the ICB to make further inquiries to verify this statement. I understand that the contents of this Complaint may be forwarded to the person the Complaint is directed against. I authorize any ICB Credentialed Professional, including the Respondent, to disclose any information in my file to the ICB.
2. I have read the Complaint and that to the best of my knowledge, information and belief formed after reasonable inquiry, the allegations set forth in this Complaint are well grounded in fact and that the Complaint is not brought for any improper purpose, such as to harass or to cause unnecessary delay or needless expenditure of costs.
3. I understand that intentionally false or misleading statements and/or intentional omissions shall result in the dismissal of the Complaint and could result in disciplinary action against any Certification or Credential with ICB that I may hold or have.
4. I give my permission to the ICB, its boards, committees, legal counsel, employees, and/or agents, to investigate this Complaint as it relates to statements contained herein, including but not limited my full consent for the ICB, its boards, committees, legal counsel, employees, and/or agents to any records pertaining to me that may be in the possession, care, custody or control of any third parties.
5. I consent to the release of information contained in this Complaint and other pertinent data submitted to or collected by ICB, its officers, boards, committees, legal counsel, employees, and/or agents.
6. I further agree to defend, indemnify and hold the ICB, its officers, boards, committees, legal counsel, employees, and/or agents free completely harmless from any civil liability for demands, claims or causes of action for damages or other liability by reason of any action that is within the scope of performance of their duties which they take in connection with this Complaint, including but not limited to attorneys' fees and court costs.

Complainant Signature Here 	X:
Complainant Printed Name Here 	
Date of Signing Here 