

CCBA ETHICS COMMITTEE COMPLAINT FORM			
Complaint Registered Against:			
Member of CCBA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency/Office:	
Email Address:		Phone Number:	
Agency Address:			
BCBA Certification/Professional License:			
Person Registering Complaint:			
Member of CCBA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency/Office:	
Email Address:		Phone Number:	
Agency Address:			
BCBA Certification/Professional License:			
COMPLAINT INFORMATION			
Have you discussed your concerns with this individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:	
<p>If yes, briefly state the outcome of this discussion. If no, please explain why you did not bring it to the attention of this individual. Please note that if you have not discussed your concerns with the individual, the CCBA Ethics Committee may decline to review your complaint and/or take action in the matter.</p>			
<p>Write your complaint and include as many specific details as possible (who, what, when, where, why). Include the date and specific examples of the problem. Use additional sheets of paper if necessary or attach additional information.</p>			
Signature			Date