



New York Certification Board
CERTIFIED PROFESSIONAL COMPLAINT FORM

This form is to be filled out by any person registering a complaint with the New York Certification Board concerning an actively certified professional with the NYCB or a person applying for certification.

Part I

Person Registering Complaint

Name: _____

Agency: _____

Email address: _____

Preferred phone number: _____

Certified Professional or Applicant against whom the complaint is being registered:

Name: _____

Agency: _____

Email address: _____

Preferred phone number: _____

Nature of Complaint (check each one that is appropriate)

- Improper treatment practices
- Discriminatory practices
- Violation of the New York Certification Board's Code of Ethical Conduct
- Violation of applicable Federal or State Law
- Other (please describe): _____

Relevant Provision(s) of the NYCB Code of Ethical Conduct (please enter the Section and Line Number for each):



Part II

Please describe in as specific detail as possible the facts, circumstances, situation, and allegations concerning the complaint. Submit any written materials, data, or other documents which you think are relevant to your complaint.

Part III

The following information is requested to determine if you have registered a complaint in a timely manner:

- a. On what date(s) did the complaint occur? _____
- b. When were you first aware of the matter about which you are complaining? _____
- c. What is the most recent date on which you knew of the alleged conduct prompting the complaint? _____



Part IV

Please answer all the following questions

Do you know of others who have knowledge of the alleged conduct? Please provide the following information:

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Email: _____

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Email: _____

* * *

Did you speak to the person against whom the complaint is being filed? If yes, please explain details and date of communication:

Has the person against whom the complaint is filed given you any explanation for such alleged conduct? If yes, please state all such explanations:

What is your opinion of the explanations given to you?



Part V

Have you filed this complaint with any Federal, State, or Local Government agency?

If yes, name of agency and address _____

Date of filing: _____

If not, do you intend to file with another agency? If yes, name of agency and address:

Have you pursued resolution of your complaint through any internal grievance procedures of your institution or agency? If yes, what is the status of your complaint and the name of the grievance procedure?

Have you discussed the complaint with a supervisor? If yes, what is the name of your supervisor and when did you make this report? _____

Have you commenced civil or administrative action or proceedings in the Federal courts based on this complaint? If yes, what is the status of this case? _____

Part VI

In the event NYCB is unable to locate you to discuss this complaint, please provide the following information concerning a person who knows where to contact you:

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Email: _____

I understand that the person against whom the complaint is registered shall be fully informed concerning this formal complaint process and will be given a copy of this complaint form to allow the individual the opportunity to submit rebuttal information and/or materials concerning the complaint.

I have completed this complaint form to the best of my knowledge and am willing to participate in a full investigation of all the allegations noted in the complaint.

I, _____, swear that the information contained herein enclosed herewith is true and correct.

Signature: _____ Date: _____