



## Formal Ethics Complaint Form

Formal complaints regarding ethical misconduct must be made in writing and emailed to the Professional Standards Chair and Co-Chair. Before submitting this form, please refer to the MASP Professional Ethics website for important information and resources, including steps for effective resolution of ethical concerns and complaints. In completing this form, it is assumed that the MASP Procedures for Examining Complaints of Alleged Ethical Violations as posted on the MASP website along with this form have been thoroughly read, understood, and complied with. Also be sure to carefully read the release form on Page 4 before signing it. Signing the form permits the release of information as described in that section. After completing all four pages of the below form, please submit them and any supplemental materials to the Professional Standards Chair and Co-chair as listed on the website.

### Complainant

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Your Name:

Address:

Phone:

E-Mail:

### Respondent (Please provide as much information as possible)

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Respondents' Name:

Position:

Employer:

Address:

Phone:

E-mail:

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**Concern:** Please: (a) provide a brief overview of the complaint; (b) provide a detailed description of the facts supporting the complaint; (c) Identify the specific Standard(s) of the NASP Principles for Professional Ethics alleged to have been violated and an explanation as to how the Standard(s) were violated; (d) provide a description of any steps taken to address the situation explained in the complaint, and the results thereof; (e) List, describe, and attach any supporting documentation related to the complaint.

**Brief Overview of the Complaint:**

**Detailed description of the facts supporting the complaint**

**Identify the specific Standard(s) of the NASP Principles for Professional Ethics alleged to have been violated and an explanation as to how the Standard(s) were violated**

**Describe any steps taken to address the situation explained in the complaint, and the results thereof**

**List, describe, and attach any supporting documentation related to the complaint.**

### **Supporting Documents**

If you wish to submit supporting documentation, please submit, or scan and attach as a .pdf file. Electronic files should be password protected by the complainant.

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Complainant's Signature  
Ethics Complaint Release of Information

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Date

# RELEASE OF INFORMATION

Please read carefully before signing.

By signing and submitting the information in this complaint, I affirm:

1. I have the authority to provide the EPPB with the supporting documents provided;
2. The release of the supporting documents to MASP does not violate HIPAA, FERPA, or any other state, local, or federal law; and
3. I have obtained any required permission to release such documentation to the EPPB.

By signing this form, I acknowledge that I have granted my permission to initiate an inquiry against the respondent based on the allegations outlined in this complaint. I acknowledge, that copy of the complaint form, any accompanying letters of complaint and supporting documentation, including any future documentation I may provide to the EBBP, will be sent by the EPPB to the respondent in the event that an inquiry is initiated.

Additionally, I authorize the MASP Ethical and Professional Practices Board to disclose all information I have provided to the EPPB members, appropriate MASP staff, legal counsel, and experts involved in handling the complaint. In the event of an appeal, I understand that the information provided may also be reviewed by members of the Appeal Panel. I have read EPPB's procedure and understand that:

1. The EPPB will assure the responsible use of all information obtained.
2. The EPPB's activities may be discussed, and records shared among EPPB members, the Staff Liaison, ex officio members, other MASP staff as determined by the Executive Director as well as Panel members who have been appointed to review appealed EPPB decisions.
3. I waive my right to subpoena from MASP or its agents, for the purposes of private civil litigation, any documents or information concerning the complaint.
4. I understand that the EPPB may need to review personally identifiable information about my child(ren). I authorize the previously named respondent to disclose to the EPPB any relevant personally identifiable information about my child(ren) and family as well as any other information that is directly related to the circumstances in which I am alleging ethical misconduct to have occurred. This information will be used only for purposes of this investigation, and it will be maintained in a confidential file as provided by the Ethical and Professional Practices Board Procedures, which have been made available to me.

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Signature

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Date