

## Ethics Reporting Form

**Mail to:** Arkansas Substance Abuse Certification Board  
Attn: Jason Skinner, ASACB Executive Director  
P.O. Box 1972  
Greenwood, AR. 72936

### Complainant Information:

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Counselor Information:

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Employer: \_\_\_\_\_ Home Address: \_\_\_\_\_

Cell or Home Phone: \_\_\_\_\_

1. What is your professional and personal relationship to the person you named in this ethics report?

2. Did you observe the conduct firsthand or hear of it through others? \_\_\_\_\_  
If you became aware of the conduct through others, you must include **(a)** notarized affidavits from those persons concerning the alleged conduct, and **(b)** signed releases of information from all persons involved. These releases must be included with your complaint to allow you as the complainant to provide names to the ASACB ethics committee.

3. What are the inclusive dates for this conduct? \_\_\_\_\_

4. Which Standard of Practice does the conduct violate? **(See Code of Ethics Standards of Practice)** \_\_\_\_\_

5. In filing this complaint, I agree to come before the Ethics committee to give testimony at such time this action is deemed necessary. My signature below constitutes a formal release of information which I have given to be used in resolving this complaint. This release terminates when the complaint is ultimately resolved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed