



**Office of Substance Abuse and Mental Health  
Division of Aging, Adult, and Behavioral Health Services  
700 Main St., Slot S175, Little Rock, AR 72203-8059**

---

### **ARKANSAS PEER ETHICS COMPLAINT FORM**

This form is to be used only to submit a complaint with the DHS-approved accrediting entity against a Peer Worker or Peer Supervisor for violating the Arkansas Peer Recovery and/or Arkansas Peer Supervisor Code of Ethics. Please type or print neatly and COMPLETE BOTH PAGES of this form.

I, \_\_\_\_\_ (hereinafter, the Complainant), wish to file a complaint with the DHS-approved accrediting entity) for conduct by a Peer Worker or Peer Supervisor (hereinafter, the Respondent), which I believe violates the Arkansas Peer Recovery and/or Peer Supervisor Code of Ethics.

Complainant full name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Respondent full name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Witness full name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By affixing my signature hereto, I consent to release all information necessary to investigate this complaint. I also acknowledge that I have read and agree to abide by the Instructions for Filing an Arkansas Peer Ethics Complaint and the Arkansas Peer Specialist Ethics Enforcement Procedure. The Complaint will not be processed without a signature.

Please list the Ethical Principles, Standards, and Sections that were violated and how they were violated.

Principle \_\_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Principle \_\_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Principle \_\_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Principle \_\_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Principle \_\_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Principle \_\_\_\_\_, Section \_\_\_\_\_. Describe the behavior that violates this section:

Add additional sheets if necessary and attach all documentation to support the allegation(s).

Send completed form to: Michael Little, APRP Certification Manager, [mlittle@naadac.org](mailto:mlittle@naadac.org)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS FOR FILING AN ARKANSAS PEER ETHICS COMPLAINT

The “Complainant” is the person filing this form against a person you believe has breached the code of ethics.

The “Respondent” is the person you are filing an ethics complaint against.

- On the front page, fill out the “Complainant” section with your information.
- On the front page, fill out the “Respondent” section with the information of the person you are filing a complaint against.
- On the front page, fill out the “Witness” section with the information of any and all persons who are aware of the behavior about which you are filing a complaint (attach additional sheets if necessary.)
- You may request a copy of the Arkansas Peer Specialist Ethics Enforcement Procedure by emailing [qcohen@naadac.org](mailto:qcohen@naadac.org).
- Please type or print legibly.
- Please sign and date document in appropriate space provided.
- Please list each Ethical Principle and the Section that you allege has been violated and , in as few words as possible, describe the behavior you believe has violated that Section. Please only list one in each space provided (attach additional sheets if necessary.)
- When finished listing each alleged ethics violation, attach all evidence you must present to confirm your allegations (witness testimony must be notarized.)

Once you have gathered all your evidence, you can email complaint and all supporting documentation to [mlittle@naadac.org](mailto:mlittle@naadac.org).

- Wait for additional direction from the DHS approved accrediting entity.