

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 and attaching information to evidence the breach of the code of ethics.

1. On the front page, fill out the *“Complainant”* section with your information.
2. On the front page, fill out the *“Respondent”* section with the information of the person you are filing a complaint against.
3. On the front page, fill out the *“Witness”* section with the information of any and all persons who are aware of the behavior abut which you are filing the complaint *(attach additional sheets if necessary).*
4. Please sign and date bottom of the front page.
5. On the back or page 2 (if online), please list each Ethical Principle and Section that you allege has been violated and, in a few words as possible, describe the behavior you believe has violated that Section – one per space *(attach additional sheets as necessary).*
6. When you are finished listing and describing each alleged ethics violation, attach all evidence you have to present to confirm your allegations.
7. Wait for additional notification and/or instruction from The Division of Provider Services and Quality Assurance (DPSQA).

This form is to be used only to submit a complaint with The Division of Provider Services and Quality Assurance (DPSQA) against an additional professional for violating the Arkansas Code of Ethics. Please type or print neatly and COMPLETE BOTH PAGES of this form.

I, the undersigned (hereinafter, the *Complainant*), wish to file a complaint with The Division of Provider Services and Quality Assurance (DPSQA) for conduct by an additional professional (hereinafter, the *Respondent*), which I believe violates the Arkansas Code of Ethics.

*Complainant’s* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Respondent’s* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Other Persons who have knowledge of the subject matter of this complaint who could offer evidence in support of the allegations contained herein (attach additional pages with the same information if necessary).

Witness 1’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness 2’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 agreed to abide by the Instructions for Filing Ethics Complaints and the Procedures for Adjudicating Ethics Complaint will not be processed without your signature.

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

Please List the Ethical Principles, Standards, Sections, and Subsections 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:

Add additional sheet as necessary and attach all pertinent documentation to support the allegation(s).

Send completed for to:

The Division of Provider Services and Quality Assurance (DPSQA)

Lee Honorable

Lee.Honorable@dhs.arkansas.gov