**ARKANSAS PEER SPECIALIST PROGRAM**

**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 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 shawn.mccown@dhs.arkansas.gov.
* 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 have to 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 [shawn.mccown@dhs.arkansas.gov](mailto:shawn.mccown@dhs.arkansas.gov) or you can send it certified mail to Office of Performance and Engagement, attention Shawn McCown at P O Box 8059 Slot S427, Little Rock, AR 72203-1437.

* Wait for additional direction from Division of Provider Services and Quality Assurance (DPSQA.)