



Texas Certification Board of Addiction Professionals
ETHICS COMPLAINT FORM
512.708.0629 / Fax 888.506.8123
admin@tcbap.org

COMPLAINANT INFORMATION (PERSON REPORTING)

Name:

Address:
Street Address City State Zip

Home Phone: _____ Work Phone:

CERTIFICATION INFORMATION OR DESIGNATION INFORMATION (ALLEGED VIOLATOR)

Name:

Address:
Street Address City State Zip

Home Phone: _____ Work Phone:

Type of Certification(s): AADC ___ ADC ___ ACPS ___ CPS ___ CPS-I ___ APS ___ CCDS ___
CCGC ___ CCJP-A ___ CCJP ___ CCS ___ PM/PRC Designation ___ PRS ___

CLIENT-PATIENT INFORMATION (IF APPLICABLE)

Name:

Address:
Street Address City State Zip

Home Phone: _____ Work Phone:

Complainant's Relationship to Client:

SUPPORTING DOCUMENTATION

Attach Supporting documentation

DETAILS OF VIOLATION

Dates of Violations:

Details of Complaint:

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Signature of Complainant

You May Use Additional Paper If Needed

Mail your completed packet to:

TCBAP Ethics Committee
401 Ranch Road 620 South,
Suite 310
Austin, Texas 78734
512.708.0629
Fax 888.506.8123
admin@tcbap.org