



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

**COMPLAINANT INFORMATION (PERSONREPORTING)**

Name: .....

Address: .....  
Street Address City State Zip

Phone: ..... E-Mail:.....

**CEH PROVIDER (ALLEGED VIOLATOR)**

Name: .....

Address: .....  
Street Address City State Zip

Phone: ..... E-Mail:.....

Provider #: .....

**CLIENT- CEH PROVIDER INFORMATION (IF APPLICABLE)**

Name: .....

Address: .....  
Street Address City State Zip

Phone: ..... E-Mail:.....

Complainant's Relationship to Provider: .....

**SUPPORTING DOCUMENTATION**

**Attach Supporting documentation**

**DETAILS OF VIOLATION**

Dates of Violations: .....

Details of Complaint:

\_\_\_\_\_  
**Signature of Complainant**

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**