

NCSFBC COMPLAINT FORM

Today's Date _____

Name of Complainant _____

Name of individual filing complaint, if different from above(*)

*Parent or guardian signature is required if the complainant is under 18 years of age.

Address

Home Telephone number (_____) _____

Work Telephone number (_____) _____

Best time to call during regular business hours:
Between ____ am/pm and ____ am/pm.

I am filing a complaint against the following Professional : _____

Name of Professional

Address

Telephone number (_____) _____

Exact dates of alleged conduct : _____

Date you started working with the professional: _____

Last day of attendance: _____

Are you still working with the Professional? [] yes [] no

COMPLAINT CONCERNS: A person may file a complaint if the professional has committed an act that is inappropriate according to the Standards of Practice or Code of Ethics. The following is a list of categories for which a person can file a complaint. (Check one or more of the following, if applicable, and explain each in detail on a separate paper.)

Categories of
Unethical or Inappropriate Practices

____(1) Certified Professional – Client Relationship

____(2) Certified Professional Conduct and Practices

____(3) Conflicts of Interest

____(4) Professional Relations

____(5) Societal Responsibility

YOUR COMPLAINT:

Have you tried to resolve your complaint with the Professional?

Yes _____ No _____ On what date? _____

Whom did you contact?

Name _____

Title _____

What was the outcome after discussions with the Trainers supervisor(s)?

Please describe, in order, the events, dates, and names relating to your complaint. (Use additional paper if necessary).

What action would satisfy your complaint?



Document your discussions and correspondence and collect all relevant information such as copies of programs, advertisements, contracts and related materials. Please forward copies of any supportive documents to the NCSFBC with your complaint.

CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF FLORIDA THAT THE FOREGOING INFORMATION AND/OR ATTACHED EXHIBITS ARE TRUE AND CORRECT.

Date _____

Place _____
(City where signed) (State)

(Print or Type Name)

(Signature)

Please mail the completed form to:

NCSF Board for Certification
5915 Ponce de Leon Blvd., suite 60
Coral Gables, FL 33146

When the NCSFBC receives a complaint alleging that a certified professional has failed or is failing to comply with the provisions of the Standards of Practice or Code of Ethics, the organization shall:

- (1) Evaluate the complaint for completeness and determine eligibility of the complainant within ten business days after receipt;
- (2) Accept or reject the complaint and so notify the complainant; and
- (3) Forward a bona fide complaint to the appropriate NCSFBC authority including the complaint and any attachments received from the complainant.

The certified professional is afforded fifteen (15) business days to respond: The failure to submit a timely response will be considered by the organization as evidencing that the Trainer has no defense to offer.

The organization will:

- (1) Investigate the facts supplied by all parties;
- (2) Adjudicate the complaint;
- (3) Notify all parties of the determinations and remedies.