

Iowa Board of Certification

3850 Merle Hay Road, Suite 303 ~ Des Moines, Iowa 50310

Telephone: (515) 334-9024 ~ Fax: (515) 334-9025

E-Mail: info@iowabc.org ~ www.iowabc.org

Ethics Violation Allegation Worksheet

This worksheet is required to be completed as thoroughly as possible before any ethics violation allegation can be investigated. Failure to complete this form will result in no action taken.

Please note: *A copy of this form may be provided to the respondent if deemed necessary by the investigator, unless you indicate at the top of this form that you do not wish to have a copy given to the respondent.*

Your Name _____ Today's Date _____

Address _____

Employer & Address _____

Work Phone _____ Home Phone _____

Specific Principle(s) and subsections allegedly violated (these can be found on the IBC web site):

Name of person who is alleged to have violated the above-mentioned ethics principle(s):

Address _____

Employer & Address _____

Work Phone _____ Home Phone _____

Please give a detailed description of the alleged violation(s), including who was involved, what were the specific circumstances, when the alleged violation(s) took place, etc. (use back side or attach another sheet if you need more space):

Please list the specific people who can corroborate your allegation(s), if any (use back side or attach another sheet for more space):

Name _____
Address _____
Work Phone _____ Home Phone _____

Name _____
Address _____
Work Phone _____ Home Phone _____

Will you be willing to attend a hearing on this matter? Yes No
If no, why not? _____

Are there any clients/patients (whose confidentiality is protected by Federal Confidentiality laws) who need to be interviewed and/or records accessed in order to properly investigate this allegation? Yes No

If yes, is the client willing to sign a release to IBC? If yes, please forward a copy of completed release of information. If the client is not willing to sign a release of information, please explain why not: _____

In order to effectively investigate your complaint we ask that you include all relevant documentation, records, reports, etc. that will support your allegation and assist us in the investigation of this allegation.

By completing and signing below on this form you acknowledge that you are waiving any privilege existing between you and the respondent.

Signature

Date

Return to: Iowa Board of Certification
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