



Iowa Board of Certification

Iowa Board of Certification
225 NW School St. ~ Ankeny, Iowa 50023
(515) 965-5509

Ethics Violation Allegation Worksheet

This completed worksheet is required to be completed as thoroughly as possible before any ethics violation allegation can be investigated.

Please note: A copy of this form may be provided to the respondent if deemed necessary by the investigator. If you do NOT want a copy of this form given to the respondent, initial here: ... Please note that even if you initial, your name will still appear as the complainant on the final investigator's report should the case go to hearing.

Your Name \_\_\_\_\_ Email \_\_\_\_\_
Address \_\_\_\_\_
Employer & Address \_\_\_\_\_
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
Your Credential/License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of person who is alleged to have violated the above-mentioned ethics principle(s):
\_\_\_\_\_ Email \_\_\_\_\_
Home Address \_\_\_\_\_
Employer & Address \_\_\_\_\_
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Specific Principle(s) and subsections allegedly violated (Code of Ethics can be found on the IBC web site):
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a detailed description of the alleged violation(s) below or on a separate page, including who was involved, the specific circumstances, when the alleged violation(s) took place, etc. Please do not include patient names.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any people who have **personal first-hand information** about your allegation(s), if any (attach another sheet for more space):

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

Have you pursued resolution of your complaint through the agency involved? If yes, what is the status of your complaint? \_\_\_\_\_  
\_\_\_\_\_

**In order to effectively investigate your complaint we ask that you include with this complaint 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:**

- **All information contained in the complaint are true and correct**
- **That you are waiving any privilege existing between you and the respondent**
- **That you are willing to participate in IBC's investigation of this complaint**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return to:** Iowa Board of Certification  
225 NW School St.  
Ankeny, IA 50023

This form may also be scanned/emailed to [info@iowabc.org](mailto:info@iowabc.org)