



Ohio Certified Parent Peer Support Specialist
ETHICS COMPLAINT FORM

Use this form to file an ethics complaint against an Ohio Certified Parent Peer Support Specialist.

PERSON FILING THE COMPLAINT:

Your Name: _____

Please check one.

Agency _____ Provider _____ Parent _____

Name of Agency or provider: _____

Address: _____

Telephone: _____ Email: _____

COMPLAINT FILED AGAINST:

Certified Parent Peer Support Specialist Name: _____

Certification I.D. number _____

Address: _____

Current Employer: _____

Address: _____

Phone number: _____ E-mail: _____

On the following page, Please give a written explanation. Include the date the violation took place, what exactly happened in chronological order, witness (who have direct knowledge of the violation) statements from the witnesses and contact information for the witnesses.



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