



**COMPLAINT FORM
FOR ALLEGED VIOLATION OF THE ASHA CODE OF ETHICS
OR THE ASSISTANTS CODE OF CONDUCT**

- A copy of this complaint form and all attachments will be provided to the individual against whom this complaint is filed.
- The complaint must be in writing and include any/all supporting documentation.
- Anonymous complaints are not permitted.
- A complaint against an organization/employer is not permitted—an individual person must be named as Respondent.

DATE: _____

COMPLAINANT: (Individual filing the complaint)

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

ASHA membership/certification held (if known):

ASHA member CCC-A CCC-SLP C-AA C-SLPA None

RESPONDENT: (Individual against whom the complaint is directed)

Name: _____

ASHA membership/certification held (if known):

ASHA member CCC-A CCC-SLP C-AA C-SLPA

Address (if known): _____

Telephone (if known): _____

E-Mail (if known): _____

COMPLAINANT SIGNATURE AND AFFIRMATION: (Check all the boxes below and sign)

- I have read the instructions for *Filing a Complaint of Alleged Violation of the Code of Ethics or Assistants Code of Conduct*. *
- I have read the *Code of Ethics** or the *Assistants Code of Conduct** and cited the section(s) that have allegedly been violated.
- I have enclosed a written summary of the facts on which this complaint is based.
- I have enclosed supporting documentation (if any) that corroborates and supports the allegations in the complaint and redacted confidential information, if any.
- If this complaint was filed with another organization (e.g., academic institution, licensing board, etc.), I have enclosed correspondence related to this filing and status/final resolution.
- I affirm that the statements and information in this complaint are correct, complete, and truthful to the best of my knowledge and belief.

*Visit www.asha.org/practice/ethics for these resources.

Signature of Complainant _____
Date

Note to Complainants who are ASHA members and/or holders of the Certificate of Clinical Competence (CCC), and ASHA certified assistants (C-AA and C-SLPA): It is the duty of all ASHA members, CCC holders, and certified assistants to come forward with evidence of perceived violations of the *Code of Ethics* and/or the *Assistants Code of Conduct*. However, each ASHA member/CCC holder/certified assistant should be mindful of their professional obligation regarding confidentiality and possible sanctions for abuse of complaint procedures. Your signature above signifies that the complaint is brought to the Board of Ethics in good faith and not for the purpose of resolving private, business, legal, or other disputes for which more appropriate forums exist.

Send completed and signed complaint form and accompanying documentation in an envelope marked **CONFIDENTIAL** to:

ASHA Ethics
 American Speech-Language-Hearing Association
 2200 Research Boulevard, #309
 Rockville, MD 20850-3289

For general questions about the ethics complaint filing process, contact ASHA Ethics at:

- 800-498-2071 (ASHA members) or 800-638-8255 (consumers)
 - director of ethics, ext. 5785
 - ethics associate, ext. 5654
 - ethics case manager, ext. 5763
- ethics@asha.org

Office Use Only:
 Respondent's Membership/Certification status verified? ___yes ___no
 Respondent's ASHA ID # _____ ASHA Complaint # _____