

COMPLAINT FORM SUPERVISOR/SUPERVISEE

1-404-475-2014 (Complaint FAX)

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| Complainant Information (Person Reporting) page 1 of 2 |

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| Your Name:(PRINT) Address:  Street Address City State ZipEmail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: License Type & Number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPCS or ACS Number (if applicable)\_\_\_\_\_\_\_\_\_ |

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| Supervisor Or Supervisee Information (Alleged Violator) |

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| Name: PRINT: Address:  Street Address City State ZipLicense Type & Number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPCS or ACS Number (if applicable)\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:  |

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| Supporting Documentation |

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| Please provide as much information as possible to assist in the successful resolution of your complaint. You may also wish to download a copy of the relevant law and rules from the home page of the GA Composite Board of PC, SW, MFT www.sos.ga.gov. When possible list the section of rules in violation (Code of Ethics Rule 135-7 section ? ) Or CPCS Code of Ethics. Attach documentation such as emails, letters, notes, charts, documents, records; also, names, addresses, and phone numbers of others who may have information about the alleged violations, etc. |

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| Details of Complaint Page 2 of 2 |

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| Dates of Supervisor / Supervisee Relationship: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To: Complainant's Relationship to Violator: Has this been reported to the Licensing Board?  Yes  No Dates of Violations: Details of Complaint:             Signature of Complainant |

E-Mail your completed packet to: LPCAcpcs@gmail.com Or FAX: 404-475-2014

Professional Certification Unit – Licensed Professional Counselors Association

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